

An Overview of Community Health Education for COPD Patients

Au YM.

Institution : The Hong Kong Society for Rehabilitation Community Rehabilitation Network (HKSR CRN)

Introduction

According to the statistics report of the Hospital Authority, it was estimated that 10% of in-patient were suffering from COPD. The huge health care expenditure was greatly related to the high re-admission rate of COPD patients. Education for COPD patients in community is very important to increase their ability to manage their disease during exacerbation.

Purpose of the Project

Community Rehabilitation Network launched a series of health education programs related to COPD which included public talks, Lung Function Assessment Day, rehabilitation exercise program and support group in 2007. These programs aim to increase patients' self-management skill and to provide support to them and their families.

Results

Health Education Programs

Public talks

Smoking and COPD (吸煙與慢阻肺病)	It was held at Kwai Tsing Theatre. PMH Consultant, Registered Nurse, Physiotherapist, were invited as the speakers.
Diet and Nutrition in East and West Medicine for COPD (中西醫潤肺食療)	It was held at Wan Chai. RH Dietitian and Professor from Division of Chinese Medicine HKU SPACE, were invited as the speakers.
East and West Medical Treatment for COPD (中西治療新趨勢)	It was collaborated with Patient Resource Centre (PRC) of QEH and Mr. & Mrs. Chan Hon Yin Modern Chinese Medicine Research and Service Centre.

Lung Function Assessment Day (肺功能測試日)

Miss Lam, PYNEH Nursing Officer (Respiratory Nurse), and Dr. Kwok, TMH Specialist in Respiratory Medicine, were invited as the speakers for our two assessment days. Staff from Celki Medical Company and HKPU Physiotherapy students assisted to carry out the Lung Function Test (LFT).

Rehabilitation Exercise Program

This six session program was regularly held every quarter. It included the exercise for COPD patients and also the theories about dyspnoea management, use of drugs, energy saving technique, diet and nutrition and emotional control.

Support Group

Self-help groups for COPD patients were established. They will gather every month for disease sharing and mutual-support. They can do the body check in our centers and seek medical advice from our professional staff.

Conclusions:

Over viewing the result of our programs, low recruitment and low attendance rates are our major difficulties. This will be related to the passive motivation and poor physical condition of COPD patients in community.

Education is important for preventing the re-admission of COPD patients. Direct referral from medical service unit is vital and necessary to motivate these patients. We are looking forward to have further collaboration with medical service units in order to benefit more patients in need.