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P04.78. Development of an integrative service model for dysthymia patients with body-mind-spirit approach in Chinese medicine clinics in Hong Kong

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Purpose

The prevalence of anxiety and mood disorders in Hong Kong was found to be 4.1% and 8.4% respectively. This study aimed at exploring a sustainable and practical model for incorporation of patient empowerment element, through an integrative Body-Mind-Spirit (I-BMS) approach, for treatment of dysthymia patients in Chinese Medicine (CM) out-patient clinics in Hong Kong.

Methods

In the first pilot, in addition to routine CM treatment (herbal and acupuncture), CM Practitioners also provided general psychological counseling, advice on dietary regime and self-administered acupressure based on syndrome differentiation for dysthymia. The Centre on Behavioral Health at the University of Hong Kong was commissioned in the second phase to develop a tailor-made I-BMS intervention program with CM concepts. The Centre provided six 3-hours sessions of I-BMS intervention for dysthymia patients recruited. Evaluation included validated questionnaires like the Hospital Anxiety and Depression Scale (HADS) and the Brief Symptom Inventory 18 (BSI-18) for pre-post comparison of clinical outcomes.

Results

Sixty-six patients participated in the initial pilot and the major CM diagnosis was Bu Mi (insomnia). Fifty-eight patients attended the group intervention sessions in phase II with average attendance rate of 91.8%. Among those who completed the HADS and BSI-18 questionnaires (n=45), there was a significant drop ($p<0.01$) in domains of anxiety and depression in HADS and BSI scores, which indicated clinical improvement.

Conclusion

Given resource and manpower considerations in CM clinics, the patient empowerment model in phase II was clinically practical and effective, fostering a synergic effect with CM treatment. The way forward is to integrate I-BMS patient empowerment element into CM service for dysthymia treatment in a "train the trainer" approach. Content of the I-BMS intervention will be consolidated to produce a trainer's manual for CMPs and a set of patient empowerment material. The resulting service model will be led by CMPs equipped with I-BMS knowledge and skills.

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