



• FACT SHEET No. 07

推廣慢性疼痛自我管理教育

自我疼痛管理在照護策略中往往位於第一階的角色，接著才是家庭醫師照護、專科照護以及疼痛中心，這樣的方式同時也適用於那些高複雜度的疼痛問題。(4,7,17) 慢性疼痛患者大部分的時間裡多半和家人待在家中，而非那些醫療機構。本文將提到他們如何去處理在每日生活中疼痛狀況所帶來的影響(2)。根據 Lorig 等人的研究，如何成功地處置慢性疼痛所致的日常問題需透過教育，以下是需掌握的一系列關鍵：

- 與醫療照護人員建立夥伴關係
- 運用主動認知及行為訓練策略來強化功能，並減少疼痛和其他伴隨症狀。
- 如有需要，調整家庭、社會及工作上的職責來維持重要人際關係及有意義的生活角色。
- 處理慢性疼痛所帶來的情緒起伏。
- 維持與建立健康的生活方式如壓力處理、規律運動、健康飲食及良好睡眠習慣等
- 運用適當的資源和管理介入性療法的決策，如：藥物使用、手術治療和替代療法。

正如一名疼痛患者所說的那樣：『我必須重新學習怎麼生活』(4)

一個成功的自我管理計畫教育進程，通常以社會認知與行為理論為基礎，重拾病人對於重建功能、瞭解自我限制、和正面思維、感受及行為的信心(11)。舉自我效能理論為例，早已被廣泛地建立及應用；透過這些教育內容的傳達：自我效能的目標，包含加強個人對於組織及整合認知、社交和行為技巧的能力，得以處理日常的慢性疼痛問題。

為了實現提高自我效能原則，自我管理計畫改善了病患透過提供以下各式機會，來提高患者對實現最佳健康狀態的信心：



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- 技能掌握：在支持性環境中練習自我管理技巧
- 建立模範：學習促進者和同儕積極的健康行爲
- 重新詮釋症狀：檢查可能導致不良行爲的疾病相關信念（如爲避免持續疼痛而久坐的行爲）
- 社會勸導：志趣相投的同儕給予的支持及鼓勵(11)

什麼是慢性疼痛自我管理介入？

一旦缺乏資訊、支持系統及教育，想精通自我管理光花在試誤上，便會耗去相當的時間，無非是一件冗長且令人沮喪的過程。慢性疼痛自我管理教育的目的即是透過實證資訊、尤其是支持性環境來培養獲得解決問題、決策、善用資源和改變的行動力等自我管理技能來加速反覆試驗的時間。(1,9)

雖然存在各種各樣的自我管理方案，但對慢性疼痛自我管理進行了回顧自 2007 年以來發表的介入性研究(10)發現，大多數介入措施可歸類爲三大類：

1. **Stanford 模式**旨在提供一套用於管理疼痛及其身體、社會和情緒結果的知識和技能工具組套(7,12,16)
2. **接受和承諾療法(Acceptance and commitment therapy)**，重點在於改變原先因恐懼疼痛引發的行爲，轉變成即使痛苦也願意重新開展有價值活動的行爲(5,19)
3. **認知行爲治療(Cognitive-behavioral therapy)**利用原理來識別思考、情感及行爲之間的關聯，進而鼓勵積極的自我管理行爲(3,14,18)

雖然絕大多數試驗報告表示自我管理介入在減少因慢性疼痛的身體心理負擔上有重要的角色，也有證據表明缺乏效果，這可能跟輔導者的技巧水平、不同個案疼痛的差異性及方法論問題有關。(10,13) 所有成功的自我管理介入方式的關鍵特徵是去建立人們對疼痛及其對生活影響的信心或自我效能感。(6,10)

資源與策略

建議採取以下行動來提高教育者對慢性疼痛的認識及推廣的自我管理教育。這些行動包括：

- 加強健康照護人員和慢性疼痛自我管理患者的培訓原則和溝通技巧 (2,4,10,20)
- 提供有關慢性疼痛自我管理計劃的訊息
- 無論收入或居住地，都可確保所有人都能獲得方案

這將需要新的交付模式，例如使用社交媒體，更好地協作社區方案和服務以及初級保健提供者，以加強適時的轉診，穩定基於社區和基層醫療自我管理的資金教育 (1,4,15)。無論採用何種方法，都必須注意以下幾點：



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- 定制實證教育資料和計劃，以適應不同年齡層、疼痛及殘疾狀況、文化和識字水平 (1,4,10)
- 繼續完善自我管理介入措施，以達到增進自我效能的策略的目標
- 對自我管理介入的患者準備情況進行更多研究，並做到最佳的治療組合（例如抗憂鬱劑，結構化運動等）與自我管理介入 (10)。

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針對全球卓越疼痛教育主題年，IASP 提供一系列共 9 篇實證報告，涵蓋了關於疼痛教育的特定主題。這些文件已被翻譯為多種語言，歡迎免費下載。欲瞭解更多詳情，請至網站 www.iasp-pain.org/globalyear。



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