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Complementary Therapies and Dementia

SUMMARY

This Update summarises four projects funded by the Mental Health Foundation to examine the use of complementary therapies with people with advanced dementia. The projects are part of a larger programme of research into the effectiveness of non-pharmacological interventions, which aim to improve the quality of life and well-being of older people with dementia.

There is widespread recognition of the difficulties and distress caused by some of the behaviour changes that are often associated with the later stages of dementia. It is common for the behaviour of the person with dementia to change; their sleep patterns may be disrupted, they may suddenly become agitated and wander around or try to find their way out of the place where they are being cared for. Some people are also aggressive and disturbing to others.

The search for safe and effective means to reduce the extent and impact of these behaviours unites the four Mental Health Foundation projects reviewed here. The projects looked at different complementary therapies and their effects on behaviour. Wiles et al. (2001) reviewed the European use of complementary therapies for people with dementia and this work provides the backdrop for the UK research projects with people with advanced dementia. Ballard et al. (2001) conducted a randomised control trial of the impact of a specific aromatherapy oil. Sterling et al. (2001) evaluated the effects of a multi-sensory programme called Sonas aPc on the behaviour of long stay care home residents and Byrne et al. (2002) looked at behaviour using a randomised control trial of bright light therapy in a care home setting.

BACKGROUND

According to Ballard et al. (2001), "more than 50 per cent of people with dementia experience behavioural or psychiatric symptoms, usually by convention referred to as Behavioural and Psychological Symptoms (BPSD)". These symptoms are "distressing for the patients and problematic for their carers. Pharmacological treatment with neuroleptic agents is often the first line of treatment for these symptoms".

"Neuroleptics are often very poorly tolerated by people with dementia, particularly amongst those with severe dementia, and there is a high risk of adverse events (e.g. Parkinsonism, drowsiness, falls, accelerated cognitive decline and increased mortality) and a detrimental impact upon key indicators of quality of life, including activities, well-being and social interaction."

In the UK one quarter of people aged over 85 develop dementia, with one third of these requiring constant care and supervision (Audit Commission, 2000). Underlying this statistic is the distress of people with dementia and their families, as well as the high cost of drugs and care for people with difficult behaviour. The side effects of drugs can be damaging and challenging behaviours can create a cycle of distress for the person with dementia, their family and service providers. The Mental Health Foundation has funded research to explore the potential benefits of alternative approaches to alleviating such difficulties.

The current policy context is supportive of the development of complementary therapies in delivering care to people with dementia, particularly in care home settings. For example, the National Service Framework for Older People (England) states that "older people in residential care and nursing homes and those receiving day care should be able to participate in a range of stimulating group or one to one activities. These can include reminiscence, art-therapy, news-based discussions, aromatherapy".

THE RESEARCH

Wiles et al. (2001) reviewed the use of selected complementary therapies in Europe for people with dementia. The most frequently reported therapies are massage, aromatherapy and reflexology. General therapeutic benefits are reported to include increased relaxation and calmness, improved sleep and reduced levels of agitation. Although herbal medicine was not commonly used in Europe, it was included in the study as specific herbal remedies which may improve cognition are currently being examined. Some of these seem to work in similar ways to certain drug treatments but without the unpleasant side effects.

Ballard et al. (2001) used a double blind placebo controlled trial to assess whether aromatherapy with essential lemon balm (Melissa officinalis) oil can provide a safe and effective treatment for agitation in people with severe dementia. Melissa officinalis was chosen as medical herbalists commonly use it to treat excitability, restlessness, anxiety, stress and insomnia. The research was conducted with 71 people with severe dementia in eight NHS nursing homes in north-east England. There were two research groups - one received Melissa officinalis in a carrier oil applied to their face and arms, while a placebo group received sunflower oil in the same way. Changes in levels of agitation and quality of life were then monitored using a variety of different assessment scales.

Addressing symptoms of agitation and aggression was also the aim of the research project by Sterling et al. (2001) to explore the efficacy of a multi-sensory programme in reducing aggressive behaviours in people with dementia in care homes. The Sonas programme incorporates music, gentle exercise, taste, smell and hand massage and is designed for care staff to use in a group setting. Eighty-nine residents in nursing homes in Scotland participated in a controlled trial of the programme, with 44 people receiving Sonas over eight weekly sessions and a further 36 people having tea and conversation instead.

Byrne et al. (2002) used a randomised control trial to examine the effects of bright light therapy on people with advanced dementia in care homes. Two groups of participants received either 5,000 or 10,000 lux for two hours every morning for two weeks. Levels of sleep disturbance, depression, agitation and cognition were measured at the start of the study and again four and eight weeks later.

THE FINDINGS

The findings are discussed in the same order in which the projects were described.

The literature review of the use of complementary therapies in Europe by Wiles et al. (2001) found the following.

- There was evidence that Melissa officinalis (lemon balm), Salvia lavandulifolia (Spanish sage) and Gingko biloba are effective in treating age-related memory disorders. Also, aromatherapy using lavender oil and Roman chamomile can be effective in improving sleep in people with dementia.
- The benefits of individual complementary therapies could not be assessed in isolation from the relationship between the therapist and client, which may contribute to feelings of well-being and relaxation.
- There was some evidence which suggested that hand massage was enjoyed by people with dementia.

The study by Ballard et al. (2001) provides robust clinical evidence of the effectiveness of the use of Melissa officinalis to alleviate agitation in people with advanced dementia when used as described in the study. Quality of life was also shown to have improved using Dementia Care Mapping to measure changes in levels of social withdrawal and constructive activities. There were no significant side effects recorded.

The results of the Sonas study by Sterling et al. (2001) were inconclusive, with neither group showing clinically significant change during the period of the study. However, two studies of Sonas referred to in the European review reported improvements in behaviour, communication, depression and cognitive function in people with dementia. Further research is required to assess the impact of Sonas on behaviour in people with dementia and at what stage it is most effective.

All final reports of Mental Health Foundation-funded dementia research projects, including the results of the work of Byrne et al. (2002) into the use of bright light therapy with people with advanced dementia, will soon be available on the Internet at www.mhilli.org/dri/index.html.

IMPLICATIONS

The following issues can be distilled from the four research projects.

- When using any complementary therapy it is important to have an assessment by someone qualified in the field and to be aware of any possible contraindications that a treatment may have.
- It is important to be alert to any evidence that people are, or are not, enjoying the experience and treatment should be stopped if it appears to be causing distress.
- Treatments should only be given with the informed consent of the person or of someone who knows the person well.

Of particular note are the exciting results of the aromatherapy trial by Ballard et al. (2001). This study provides robust evidence in the search for safe methods of alleviating distress for people with dementia. The findings are of interest to all those concerned with the well-being of older people with dementia and indicate that complementary therapies have great potential to provide clinically effective treatments without harmful side effects.

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