



The Promise Of Aromatherapy

Essential oils have been shown in clinical trials to soothe some chronic ills brought on by old age.

HELPING PATIENTS TO MAINTAIN their weight, sleep better, fight depression, and experience less pain and agitation are all-important caregiver goals in the skilled nursing environment. Yet no traditional medication or therapy available today can treat all the ills that plague elderly long term care patients on a daily basis. That's precisely why it is a good caregiving policy to consider carefully some of the nontraditional or complementary therapies that are increasingly available to providers.

One such approach, clinical aromatherapy, has already made inroads in Great Britain, where most day programs for the elderly have an aromatherapist on staff.

Clinical aromatherapy is defined as the use of pure plant oils, called essential oils (EOs), for therapeutic purposes. An EO is a highly concentrated essence that is distilled from parts of plants. Nothing is added or removed before or after distillation. EOs are chemically complex and are comprised of hundreds of different compounds.

While EOs have been used as remedies for hundreds of years—for a broad variety of ailments and among various cultures—medical research on these compounds is still in its infancy. The majority of information on what works and what doesn't work is documented in small clinical trials and descriptive accounts of individual case studies.

Among the available documentation is a study conducted in 2002 by Holmes, Hopkins, et al. Fifteen long term care patients with severe dementia, all identified as having behavioral

problems, received 10 treatments in a communal area that was diffused with lavender oil (an EO). The group then received 10 treatments with a placebo. Results showed a significant reduction in agitated behavior in sessions when the EO was used, the researchers said.

A combination of diffused EOs was also tested for its psychological effects on a group of 14 hemodialysis patients suffering from severe anxiety. The effects were measured using the Hamilton scale for anxiety and the Hamilton scale for depression, with patients taking the test before and after exposure to the EOs. Researchers Itai, Amayasu, et al., in a paper published in 2000, found that the use of aromatherapy significantly decreased the mean scores for both depression and anxiety.

Using EOs

Aromatherapy is not magic. Like other medications, the active ingredients in EOs must reach the patient's bloodstream if they are to achieve the desired effect. This can be accomplished either through inhalation or application on the skin. The inhalation technique employs a simple device called a diffuser, which works much like the plug-in air fresheners available on the market today. There is also a device called a nebulizer, which distributes actual oil droplets into the air to be inhaled by patients. This technique is best for larger rooms or lobbies, where the device can be mounted high on a wall.

The simplest way to inhale EOs is to sprinkle a few drops on a handkerchief or tissue and keep it in a patient's

pocket to be inhaled as desired. Oils can also be sprinkled on a pillow to aid sleep or relieve congestion.

In a long term care setting, caregivers must obtain a physician's order before applying EOs directly to the skin. When applied in this manner, the oils are generally diluted in a carrier oil or lotion to prevent potential skin irritation. In clinical trials, topical applications have been found to be useful in treating skin conditions such as yeast in skin folds and nonhealing wounds. Topically applied EOs have also shown promise in treating constipation (the oil preparation is rubbed into the abdomen), sinus congestion, and, in solution, to kill fungal growth on the feet.

Range Of Applications

Repeated case studies have shown clinical aromatherapy to be effective for a number of therapeutic uses in long term care. Among the most common are:

- *Behavior management* The most studied use of clinical aromatherapy in an extended care environment is for reducing agitation and acting-out behavior among patients who suffer from dementia. One effective method is to install EO diffusers in hallways and common rooms. Three diffusers running 12 hours a day in different parts of a facility cost only about \$3 per day in oil and \$1 per diffuser. EOs may also help staff. One director of

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nursing noticed that diffused EOs helped staff to remain calmer and more patient, even around the most difficult patients.

■ *Weight-loss prevention* Clinical research has shown that both coriander seed oil and bergamot oil are effective appetite stimulants, and both are approved in Germany for that purpose. The oils can be diffused in a patient's room, rubbed onto the skin, or put in a bath.

■ *Sleeplessness* Linalool, a main component of lavender oil, has been shown to have sedative qualities when introduced into the central nervous system. Researchers have also found that linalool acts as a hypnotic and anticonvulsant by inhibiting a specific chemical bonding in the cerebral cortex of the brain.

■ *Pain management* In numerous trials, EOs have been shown to decrease pain by reducing inflammation, relieving muscle spasms, and acting locally as peripheral analgesics. There are many EOs that appear to have these properties, and the choice depends on the area of inflammation. In this usage, EOs are diluted in a carrier oil or lotion and rubbed onto the sore area.

■ *Restorative programming* Certain EOs have also produced positive results in improving joint mobility in older patients. The effect appears to be threefold: blocking pain, decreasing inflammation, and relieving spasms in skeletal muscles. When used in conjunction with a traditional rehabilitation or exercise program, clinical trials have shown that EOs are effective for treating stiffness and post-exercise muscle pain.

■ *Sensory stimulation* Clinical aromatherapy can be used in a variety of ways here. For instance, there is a simple hand massage technique that is very soothing. Hand massages or other touch therapies can be both an activity and a behavior-management tool. One community started offering hand massages with a calming EO blend once a

week, and it became a very popular activity with both male and female patients. Another facility found that if a patient was agitated and open to being touched, a hand massage with a relaxing EO helped calm the individual down.

■ *Memory stimulation* For activities, clinical trials indicate that it is best for a therapist to use easily-recognized single oils such as lemon or peppermint. Patients can talk about memories evoked by the scents, or they can draw pictures of how the scents make them feel. For instance, a woman in an adult day care center for people with memory impairments related a wonderfully detailed story about her mother's lemon pie after smelling the lemon EO. She remained in a good mood for the rest of the day, and the smell of lemon on other days often redirected her otherwise repetitive behavior patterns.

■ *Quality of life* In spite of the current focus on researching specific effects of clinical aromatherapy, it is important to recognize that the use of EOs is holistic in nature. The oils act on the whole person, often addressing multiple problems at the same time. Bergamot, for example, can stimulate the appetite and is also historically used for depression. A patient at one facility had used an EO blend to overcome persistent back pain. When asked about other effects, she stated, "Not only did the blend help so much with my pain, it really helped lift my spirits."

The United States does not currently regulate EOs, so there is no quality control. EOs can be diluted with scented vegetable oil or adulterated in a number of other ways that may be unsafe.

When purchasing EOs, a facility should make sure that the supplier provides the needed documentation, including medical safety data sheets and information on the primary chemical constituents of each oil.

It should be noted that certain EOs,

though readily available, are not safe for use with frail elderly patients or employees who may be pregnant.

Implementing A Program

There are several steps that caregivers should follow before implementing a clinical aromatherapy program in a long term care facility. Among the most important are:

■ Find someone knowledgeable in the use of EOs to guide the program, and have staff read extensively on the topic.

■ Make the program interdisciplinary, involving trained staff including nurses, physical and occupational therapists, activities directors, social workers, marketing staff, and volunteers.

■ Tell new patients about the program, and have them sign consent forms if necessary. Staff should also explain the program to current patients.

■ List interventions on the medication administration record if EOs are applied topically or diffused in an individual's room.

■ Document aromatherapy interventions like all others to facilitate cost analysis and program evaluation. ■

For More Information

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Other Web sites that contain facts, contacts, and resources about clinical aromatherapy include (but are not limited to):

■ The National Association for Holistic Aromatherapy (www.naha.org);

■ Aroma Web (www.aromaweb.com);

■ Bird's Encyclopedia of Aromatherapy (www.imm.org.pl/bird/oilframe.htm); and

■ The Aroma Therapy Internet Resource (www.holisticmed.com/www/aromatherapy.html).