AROMATHERAPY IN A CARE HOME SETTING

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Important Statistics

~ On December 31, 2029, the last of the Baby Boomers will reach the age of 65.

~ In 2019, the number of people aged 60 years and older was 1 billion. This number will increase to 1.4 billion by 2030 and 2.1 billion by 2050. This increase is occurring at an unprecedented pace and will accelerate in the coming decades, particularly in developing countries (World Health Organization).

~ On December 14, 2020, The United Nations General Assembly declared 2021-2030 the ‘Decade of Healthy Ageing’.

For the first time in history, there are more people aged 60 years or older than children under 5 years.

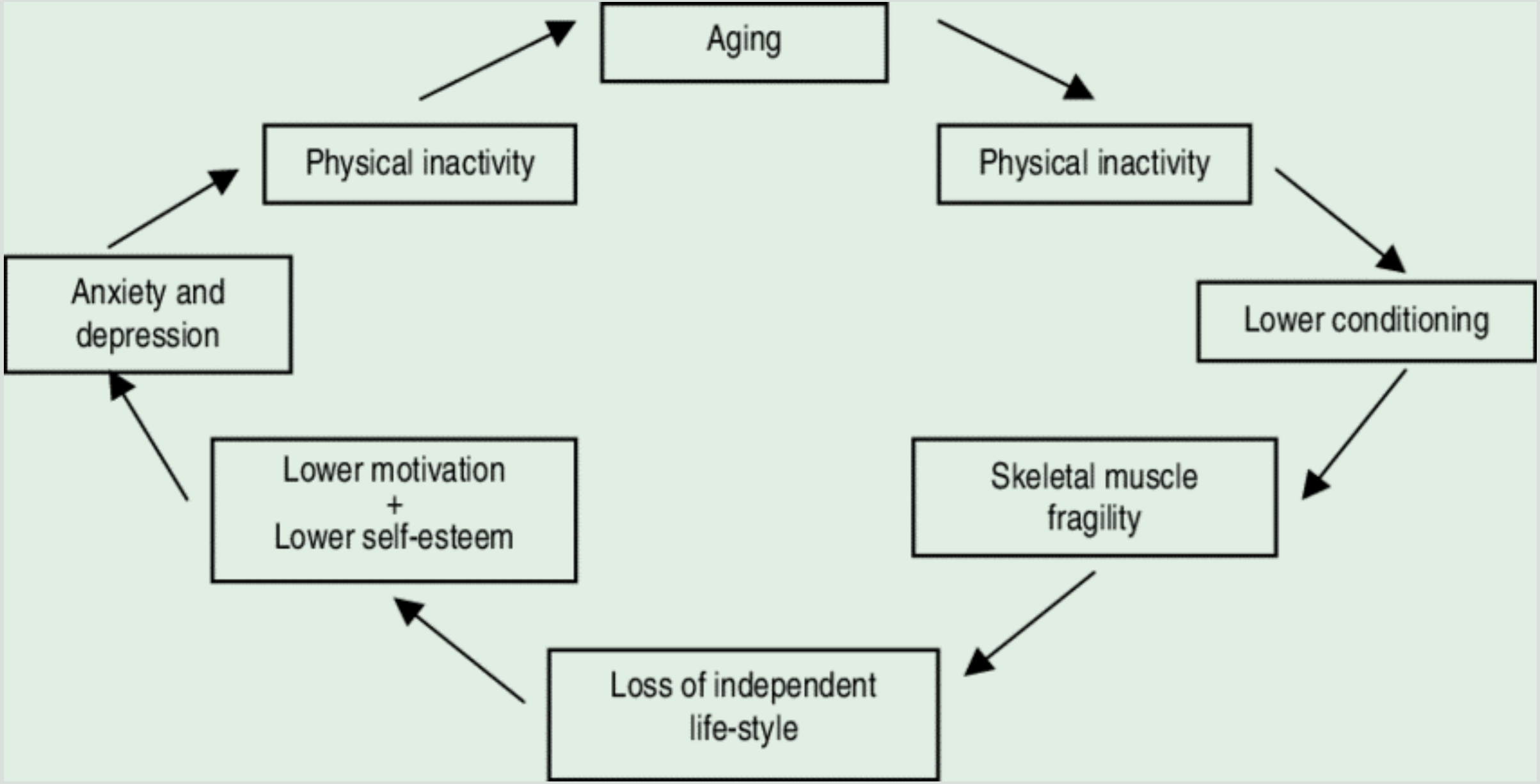
By 2050, there will be more than twice as many people above 60 as children under 5.

These statistics are quite frightening!

Healthcare systems and healthcare workers are already strained

There will be significant financial consequences associated with elder care, which will likely be paid for by increasing taxes

The increase in taxes can impact younger people saving for their retirement and potential health issues related to aging


Aging
Physical inactivity
Physical inactivity
Lower conditioning
Skeletal muscle fragility
Loss of independent life-style
Lower motivation + Lower self-esteem
Anxiety and depression
Physical inactivity

It is estimated that 1 in 4 older people experience social isolation and loneliness

Research indicates that social isolation and loneliness have a serious impact on physical and mental health, quality of life, and longevity

Social isolation and loneliness shorten the lives and damage the mental and physical health and quality of life of the elderly.

Physical health consequences include conditions such as:

- ❑ cardiovascular disease
- ❑ stroke
- ❑ hypertension
- ❑ weakened immune system
- ❑ dietary changes
- ❑ pain perception
- ❑ suicidal thoughts

Mental health consequences of social isolation include conditions such as

- ❑ cognitive decline (as much as a 40% increase)
- ❑ dementia
- ❑ depression
- ❑ anxiety
- ❑ suicidal thoughts

In addition, social isolation and loneliness impose a heavy financial burden on societies.

WHO defines “healthy aging” as “the process of developing and maintaining the functional ability that enables well-being in older age”. “Functional ability” consists of the capabilities that enable all people to be and do what they have reason to value. It refers to people’s ability to: meet their basic needs; learn, grow, and make decisions; be mobile; build and maintain relationships; and contribute to society. Functional ability is the intrinsic capacity of the individual to interact with relevant environmental characteristics

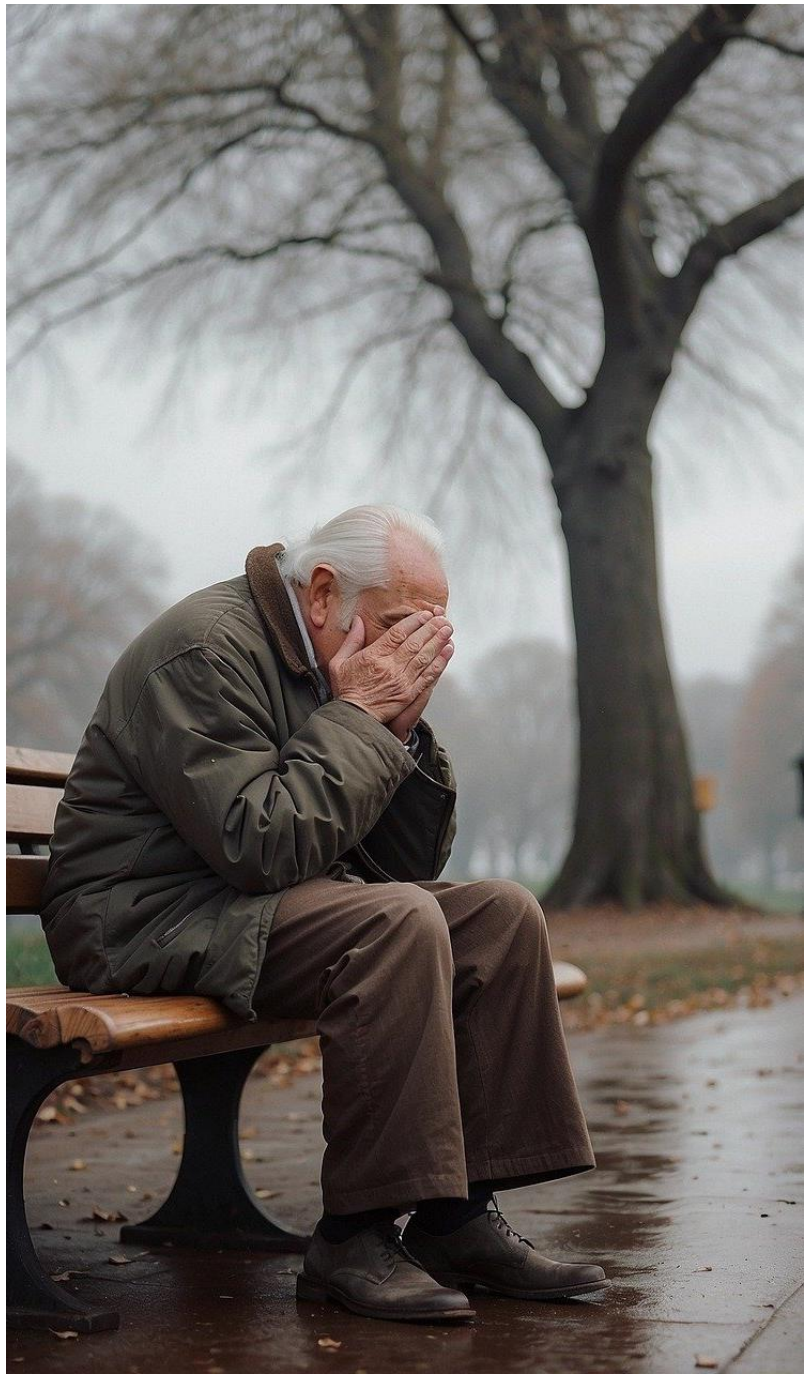
Living in a Care Home Setting

- Often people in a care home have very little contact with the outside world. This was been especially true in the last few years as the world grappled with COVID.

- As their lives slow down and their world becomes smaller, loneliness can become a constant factor. With eyesight and hearing failing, our elders are not able to distract themselves by watching TV, listening to the radio, or reading a book. The days can become long and dreary. How sad it is that people who were once vibrant and socially active have had their existence reduced to a chair in a room.

Living in a Care Home Setting

- Human contact is often lacking, which can have psychological and emotional consequences. This is especially true in a long-term care home setting. Often, the only form of touch received is from the caregivers who only have time to help with basic needs and care.
- As the other senses wane, the sense of touch can become even more important for the elderly. Touch can convey comfort, warmth, caring, security, and encouragement.



Around 2010, the governments of several countries mandated that anti-psychotics be reduced in long-term care facilities. In researching for alternatives, two options topped the list – aromatherapy and music therapy. This is when I became involved. I was contacted by several care homes in Canada to help educate the staff and family members on the safe and effective use of aromatherapy on care home residents. At the time, I was the primary caregiver for my elderly mother-in-law who lived in a care home and suffered from dementia. I visited her three to four times a week and gave her either a hand massage or a neck massage (or both) each time. This had a profound impact on her mood, not only while I was doing the massage, but for many hours afterward (as reported by the staff). I was happy to volunteer my time to help the staff and family members offer their loved ones the same benefit.

Hand massage is a simple, comforting and non-invasive way to use the sense of touch.

The massage should be very gentle because the outer layer of the skin (the epidermis) becomes thinner, and the blood vessels of the dermis become more fragile as a person ages.

The skin is dryer because the sebaceous glands produce less oil as one ages.

I spend about 10 minutes per hand, but it is important to be aware of body language e.g., pulling the hand away or if the person becomes agitated. The massage should be relaxed, and enjoyable for the giver and the receiver.

Make sure the person is sitting comfortably in a chair. Sit face-to-face with the person and close enough that you can support their hand and arm without having to pull it toward you.

Massage can help to reduce anxiety, and agitated behaviour, relieve tension, and improve blood flow and circulation.

In a 30ml bottle of natural, unscented lotion or oil, add 6 – 10 drops of essential oil(s) and blend well

Recommended essential oils

Geranium
Lavender
Mandarin
Melissa
Roman chamomile
Rose

If possible, you can ask a family member what a favourite scent the person liked during a happy time in his/her life. For my mother-in-law, it was rose. Although rose essential oil is expensive, a 30ml bottle of rose lotion would be enough for about 6 (double) hand massages.

Aromatherapy hand massage in a care home setting or an assisted living setting is an untapped resource.

Qualified aromatherapists, who are entrepreneurial, business savvy, and enjoy working with the elderly have the potential to create a thriving career while setting their own hours and days.

Start-up costs are minimal but the aromatherapist must have access to transportation

Start with one facility – word of mouth will follow!

Be kind

Be present

Be enthusiastic

Treat each person as an individual

Get to know your client

Be professional

Be punctual and reliable

Wonder how to help when you can't be there every day? Cut out heart-shaped pieces of felt (or other absorbable material) and add 2 drops of essential oil to the felt. Using a safety pin, pin it to an area of clothing that is out of the way. I pin it near the shoulder of the shirt or cardigan.

How to get started:

Research home care and assisted living facilities in your area. What do they currently offer their residents?

Ask to meet with the management team

Offer to do a talk about aromatherapy

Provide references

Research legal requirements for working in such an environment. This will likely include a criminal record check, proof of liability insurance, and proof of qualifications

Get permission from the stakeholders. This may include owners, management, and, in the case of dementia patients, permission from family members.

Not all residents of a care home or an assisted living facility suffer from dementia.

Some residents may have physical conditions that make living independently challenging.

Some choose to live in these facilities because of the benefits offered, such as socialization, housekeeping and meals.

As baby boomers age, assisted living facilities and care homes are becoming increasingly competitive. Aging and more educated baby boomers are looking for more amenities than seniors of the past. Assisted living communities will need to offer a wider range of amenities to attract residents who are looking for communities that will cater to and recognize their individual needs and desires.

The cottages are enclosed in a large park-like setting with a variety of paths, gardens, and outdoor spaces scaled to suit a variety of activities and to also accommodate single persons or groups of people throughout the seasons.

Suggested Reading

"Medication Is Just One Piece of the Whole Puzzle": How Nursing Homes Change Their Use of Antipsychotic Medications (sagepub.com)

Did the COVID-19 Pandemic Affect the Use of Antipsychotics Among Nursing Home Residents With ADRD? – ScienceDirect

Interventions to optimize medication use in nursing homes: a narrative review (springer.com)

Long-Term Trends of Psychotropic Drug Use in Nursing Homes, OEI-07-20-00500 (oversight.gov)

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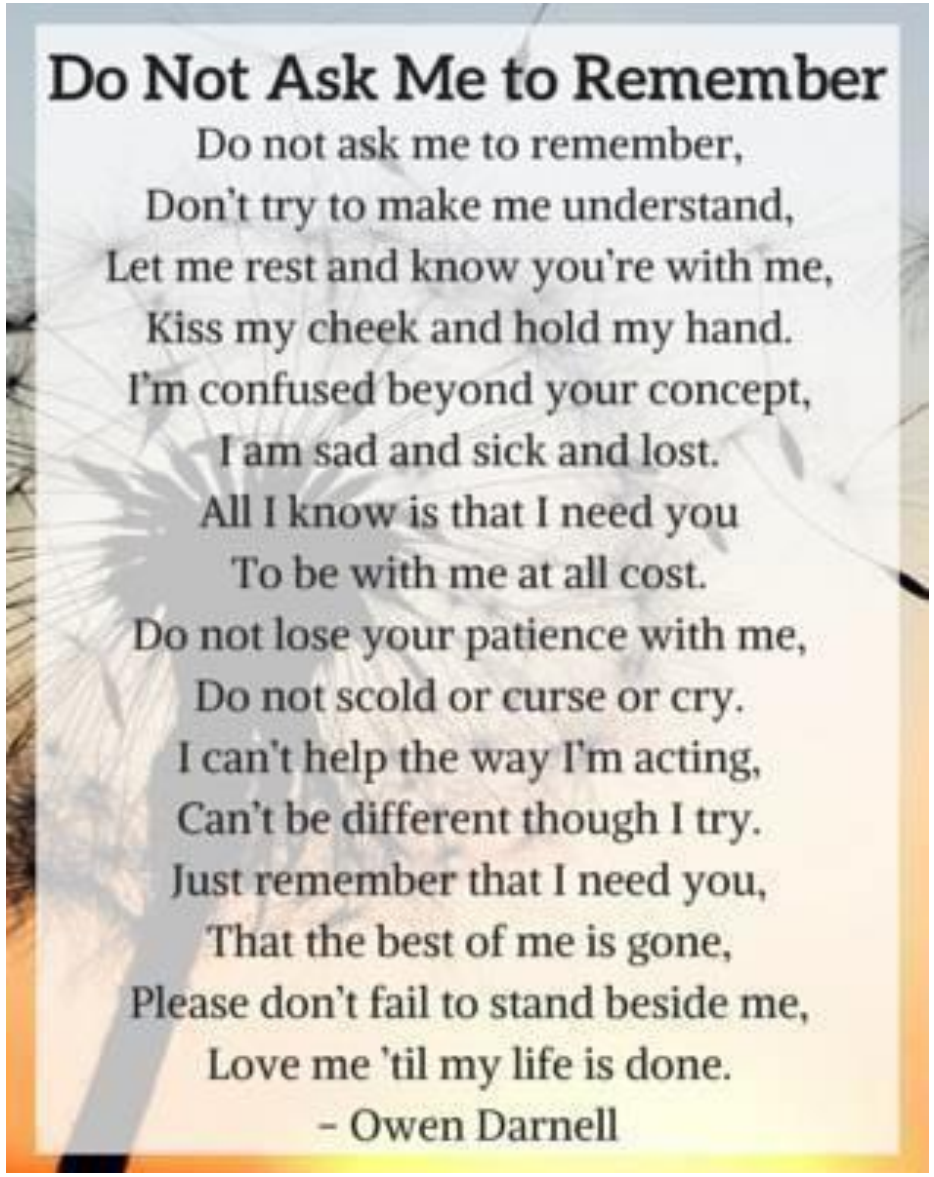
World Health Organization (WHO) Ageing and health (who.int)


Do Not Ask Me to Remember
Do not ask me to remember,
Don't try to make me understand,
Let me rest and know you're with me,
Kiss my cheek and hold my hand.
I'm confused beyond your concept,
I am sad and sick and lost.
All I know is that I need you
To be with me at all cost.
Do not lose your patience with me,
Do not scold or curse or cry.
I can't help the way I'm acting,
Can't be different though I try.
Just remember that I need you,
That the best of me is gone,
Please don't fail to stand beside me,
Love me 'til my life is done.
– Owen Darnell

Safety:

Never use undiluted essential oils on the skin

Use a low dilution when working with the elderly

Always check for sensitivities and allergies

Be gentle

Always receive permission before performing a hand massage. If the person is competent, he or she can grant permission. If the person has dementia, permission will need to be granted by the management team or family member

ESSENTIAL OILS

1. In an open-labelled trial on people with dementia, the use of a range of essential oils, including ylang ylang, patchouli, rosemary, peppermint and others, produced a marked decrease in disturbed behaviour in the majority of participants. This led to a reduction in prescribed conventional medicines, thereby delivering cost savings. Results of placebo-controlled clinical trials using Lavendula (lavender) and Melissa Officinalis (lemon balm) for the treatment of residential care residents with advanced dementia (Perry, E. (2006). The Journal of Quality Research In Dementia Issues.)

2. In another trial, lavender, geranium, and mandarin essential oils in an almond oil base were applied to the skin of 39 patients over an unspecified period. This resulted in increased alertness, contentment, and sleeping at night; and reduced levels of agitation, withdrawal, and wandering. (Oram, Shirley Price Sandra A. "Care of the elderly." *Aromatherapy for Health Professionals E-Book* (2011): 261.)

3. Lavender aroma and massage with 21 patients were compared to aroma or massage alone for one week. Aromatherapy with massage significantly reduced the frequency of excessive motor behaviour.

4. Lemon balm and lavender aroma were introduced to six patients and compared to a control group using sunflower oil for one week. The treatment increased functional abilities and communication and decreased difficult behaviour. (Kapuscinska, L. Aromatherapy and dementia)

5. Lemon balm (Melissa) lotion was applied to the face and arms of 36 patients, while another 36 patients had sunflower oil applied. Melissa was associated with highly significant reductions measured on the Cohen-Mansfield Agitation Inventory (CMAI) and social withdrawal, together with an increase in constructive activities (dementia care mapping). (Ballard et. al.,)

6. A Korean study investigated the caring effect of hand massage using aroma essential oil and music therapy on anxiety and sleeping for the 72 elderly comprising groups I (24 elderly) and II (25) and a control group (23) living in the sanatorium. (Choi, N. 2015)

Purpose: This study was to develop an aromatherapy hand massage program and to evaluate the effects of aromatherapy on anxiety, depression, sleep disturbance, and fatigue of the institutionalized elderly. Methods: The research design was a non-equivalent control group quasi-experimental study. The 42 subjects were divided into 2 groups. Aromatherapy hand massage was administrated to the experimental group (N= 20), and no treatment was administrated to the control group (N= 22). Data was analyzed using the $\chi 2$ - test, paried t-test, unparied t-test in the SPSS/Win 12.0 program package. Results: Experimental group showed significant differences in anxiety ($p< .05$), depression ($p< .001$), sleep disturbance ($p< .05$), and fatigue ($p< .05$), in relation to the control group. Conclusion: The results showed that the aromatherapy hand massage program was effective on anxiety, depression, sleep disturbance, and fatigue of the institutionalized elderly. Thus this research suggests that this aromatherapy hand massage could be recommended as a nursing intervention for the quality of life of the institutionalized elderly (Lee 2011)

Thank You

To **NAHA** for allowing me to present this information and to you for listening