#### Complementary Therapies in Clinical Practice 22 (2016) 51-58

Contents lists available at ScienceDirect



**Complementary Therapies in Clinical Practice** 

journal homepage: www.elsevier.com/locate/ctcp

# The use of aromasticks to help with sleep problems: A patient experience survey



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#### ARTICLE INFO

Article history: Received 22 September 2015 Received in revised form 1 December 2015 Accepted 3 December 2015

Keywords: Aromastick Sleep Cancer Essential oils

## ABSTRACT

To document the use of aromasticks to facilitate sleep in a cancer centre in the UK. Sleep disturbance is a common problem amongst patients diagnosed with cancer. Essential oils may be inhaled by means of an aromastick (a personal inhaler device containing essential oils) as a means of improving sleep.

A prospective audit of aromasticks given to help facilitate sleep. Sixty-five aromasticks were given out over a 13 week period. 94% of patients reported that they did use their aromastick to help them sleep and 92% reported that they would continue to do so. An improvement of at least one point on a Likert scale measuring sleep quality was shown by 64% of patients following the use of an aromastick. Bergamot (*Citrus bergamia*) and sandalwood (*Santalum austrocaladonicum*); and frankincense (*Boswellia carterii*), mandarin (*Citrus reticulata*) and lavender (*Lavandula angustifolia*) were the essential oils used in the two blends chosen by patients.

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### 1. Introduction

Sleep disturbance is a well-documented problem in general for patients diagnosed with cancer, affecting quality of life and contributing to decreased functional status, increased fatigue, anxiety, depression and pain, and affecting wound healing and immune function [1] [2]. An exploration, using focus groups, of the causes of and beliefs about sleep disturbance amongst patients with cancer highlighted problems unique to the cancer population [3].

We have previously documented [4–6] the use of aromasticks (personal inhaler devices containing an inner wick which is blank permitting the addition of essential oils) at our cancer centre for the amelioration of symptoms such as nausea and anxiety and as a useful self-management tool to encourage relaxation and deep breathing. Our retrospective audit [6] which looked at 514 aromasticks given out over a 28 month period revealed that 9% of these aromasticks were given for problems sleeping. This compared to 28% for nausea, 20% for relaxation, 14% for anxiety and 10% for wellbeing. In a retrospective Service Evaluation [7] of aromastick use within another acute cancer care setting, 31 patients (19% of those

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in the Service Evaluation) were given aromasticks primarily for help getting to sleep. Of these, 22 (71%) felt their aromastick benefitted them; 17 (55%) reported improvements in sleep and 15 (48%) reported an increase in relaxation.

Although not involving the use of aromasticks, there is some published evidence regarding the effects of essential oil inhalation on sleep in clinical environments. Most research has focussed on the use of lavender oil. For example, sleep quality was significantly improved by inhalation of lavender oil for intensive care patients with ischaemic heart disease [8]. In this study 64 participants were randomly allocated to receive either lavender inhalation overnight or usual care, sleep was measured by a well validated subjective questionnaire (the St Mary's Hospital Sleep Questionnaire) and similarity of the groups at baseline was confirmed. Another small study considered the inhalation of lavender, Roman chamomile and neroli. A positive effect was found on reduction of anxiety and improvement of sleep in patients receiving percutaneous coronary interventions in intensive care units [9]. Method of allocation to the two groups was not stated but the two groups were homogenous; data from 28 participants in the aromatherapy inhalation group was compared to data from 28 participants in the conventional nursing care group; sleep was measured subjectively using the Verran and Snyder-Halpern Sleep Scale. Both these studies [8,9] were included in a systematic review of the evidence for lavender and sleep [10] which showed, overall, findings suggestive of a small

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benefit for lavender oil compared to control. However the authors do state that methodological inadequacies mean the results should be viewed with caution.

An example of research looking at the inhalation of essential oils other than lavender is a recent study by Hajibagheri et al. [11]. Overnight inhalation of Rosa damascena essential oil by patients hospitalized in coronary care units significantly improved sleep quality. In this study 60 participants were randomly allocated to three nights inhalation of rose oil plus usual care (30 participants) or usual care alone (30 participants). The two groups were homogenous and sleep was measured by the Pittsburg Sleep Quality Index, a well validated subjective questionnaire.

The audit we are reporting here was conducted to look specifically at the Complementary Therapy team's use of aromasticks for encouraging peaceful sleep. It was done to see if patients given an aromastick perceive it to have a useful effect on their sleep problems, to see how patients rated the aromastick at helping sleep and to find out which of the three blends offered was most popular (odour preference).

### 2. Methodology

The audit plan was approved by the hospital clinical audit committee.

**Sample**: During the course of this audit aromasticks to help facilitate sleep were offered to all patients referred to the Complementary Therapy team

- who were attending the hospital on either of the two hospital sites as an inpatient, day case or outpatient
- who told the Complementary Therapists that they were experiencing problems sleeping. (Aromasticks for other symptoms such as nausea, or for encouraging relaxation, were also given as usual during this time).

**Time period audited:** 21.8.14–23.11.14 (13 weeks). The **Standards** set for the audit were:

- All patients referred with sleep problems will be offered one of the three blends (A,B or C, see 3.4 below). Target 100%.
- Patients will have at least one point improvement in sleep. Target 60%. (Exception: patients unable to comply for whatever reason).
- Patients will rate the aromastick *good* to *excellent*. Target 80%. (Exception: patients unable to comply for whatever reason).

Data was collected prospectively using a patient questionnaire which was created for this audit and agreed by the hospital clinical audit committee. (See Appendix 1).

As this was not a research study but an audit the data were summarised using descriptive statistics.

Patients taking part were asked to choose an aromastick from the three offered, to answer questions regarding their current problems with sleep, and to use the aromastick for a minimum of two nights to assess its possible effects on sleep. As per our usual practice, patients were encouraged to hold the aromastick under (but not against) their noses and to take four or five deep breaths in and out before closing the aromastick again. We are not prescriptive in our instructions for aromastick use as part of their appeal would seem to lie in the fact that they are an optional intervention which can be used as often or as little as the patient wishes, in whatever way the patient finds most useful.

Patients were asked to rate their sleep on a 1–10 Likert scale before using the aromastick and again after using it for at least two nights (see Fig. 1).

1 As bad as it could be	2	3	4	5	6	7	8	9	10 No problems with sleeping
Today's data:	1	1							

Fig. 1. The use of aromasticks to help with sleep problems: patient experience survey. Sleep rating scale.

### Table 1

Gender	Female patients (F)	54 (83%)
	Male patients (M)	11 (17%)
Age	Range	16 —
	Mean	84 yrs
		52 yrs
Status	Inpatients	29 (45%)
	Outpatients	31 (48%)
	Day cases	5 (8%)
Tumour group	Breast	27 (42%)
	Gynaecology	12 (18%)
	Gastrointestinal	11 (17%)
	Haemato-oncology	7 (11%)
	Lung	3 (5%)
	Sarcoma	2 (3%)
	Neuro-oncology	1 (2%)
	Urology	1 (2%)
	Head and Neck	1 (2%)
Current treatment (some patients ticking	Chemotherapy	31 (48%)
more than one)	Symptom control	11 (17%)
	No active treatment	8 (12%)
	Radiotherapy	5 (8%)
	Surgery	2 (3%)
	Other	12 (18%)

In addition patients were asked to rate how effective the aromastick was at helping them sleep (tick boxes for *excellent, very good, good, fair* or *poor*). Questionnaires were filed in a locked cabinet until the end of the audit period at which time they were collated and analysed by the first author.

#### Table 2

Sleep problems identified by patients given aromasticks.

"Can you tell us about the problems you are having with sleep?" (patients could choose both)	
Getting off to sleep	37
	(57%)
Cetting back to sleen	59
Setting back to steep	(01%)
"I faal this is haarvas af."	(31%)
(patients could choose as many as applicable)	
Anxiety, worry, busy mind	46
	(71%)
Pain/discomfort	37
	(57%)
Need for the toilet	24
	(37%)
Hot flushes	20
not nusites	20
	(31%)
Noise	10
	(15%)
Nausea	10
	(15%)
Medical care	6 (9%)
Other (e.g. storoid use discontinuation of slooping tablets temperature	14
other (e.g. steroid use, discontinuation of steeping tablets, temperature	14
changes, long-term problem)	(22%)

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