



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



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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 well-being. In a retrospective Service Evaluation [7] of aromastick use within another acute cancer care setting, 31 patients (19% of those

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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