



The use of aromasticks at a cancer centre: A retrospective audit



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A B S T R A C T

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Aim: To consider the use of aromasticks in a cancer centre in the UK: the reasons for their use, the choice of essential oils used in them and the demographics of the patients to whom they were given.

Background: Aromasticks are personal aromatherapy inhaler devices, used in this hospital by the complementary therapy team to improve patients' well-being and quality of life by helping with symptom control.

Design: A retrospective audit of aromastick use covering a 28 month period from January 2011–April 2013.

Results: A total of 514 aromasticks were given out, to patients with a variety of cancer diagnoses and symptoms. The most common reasons for aromastick use were to alleviate nausea or to encourage relaxation. Lavender (*Lavandula angustifolia*), lemon (*Citrus limon*), frankincense (*Boswellia carterii*), bergamot (*Citrus bergamia*), orange sweet (*Citrus sinensis*) and peppermint (*Mentha x piperita*) were the essential oils used most often.

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1. Introduction

An aromastick is an individual plastic inhaler device containing an inner wick which is blank permitting the addition of essential oils. Once sealed, the device is held beneath the nose and inhaled, or the cap is closed when not required. Aromasticks are personalised, available to use wherever, whenever and for however long the individual wishes, and deep breathing and relaxation are encouraged in their use.

The very limited amount of published evidence available supports the use of aromasticks with cancer patients. However we know from personal contacts with other complementary therapy teams that their use is widespread in hospitals, hospices and voluntary support centres. These small, portable, inexpensive devices would appear to offer a wide range of benefits and are popular with patients as a self-management tool. This audit therefore reports on our current practice, considering our reasons for the use of aromasticks, the choice of essential oils used and the demographics of the patients to whom they were given, from January 2011 to April 2013.

We have previously published two accounts specifically related to our aromastick use. Our first prospective survey looked generally at the reasons for aromastick use [1]. In this small audit, 13 (81%) of the patients who returned their surveys rated their aromastick “excellent”, “very good” or “good” at helping with symptom management. The second prospective survey looked more specifically at the effectiveness of aromasticks for attenuating nausea [2]. Fifty aromasticks were given to patients experiencing nausea for a variety of reasons. An improvement in nausea was seen in 34 records (68%).

In addition, in a retrospective service evaluation of aromastick use within another acute cancer care setting [3], the authors found 123 (77%) of all patients in the evaluation reported deriving at least one benefit from the aromastick. The majority of aromasticks were given to patients for anxiety (31%), nausea (28%) and difficulty sleeping (19%). Of these, 80% of patients given an aromastick for anxiety found it beneficial, 82% of patients given one for nausea found it beneficial and 71% of patients given one for problems sleeping found it beneficial.

Most of the published literature on fragrance use details research using experimental conditions involving administered fragrances and is not directly comparable to the use of aromasticks. However a search of the literature does reveal some papers relevant to fragrance use for symptom management, even though it is not specific to aromastick use. Researchers found evidence to suggest that inhaled peppermint oil may improve postoperative nausea in gynaecological patients [4]. However a recent Cochrane Review [5] concluded that there was currently no reliable evidence supporting

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the use of inhaled peppermint oil to treat postoperative nausea and vomiting. Two other studies, using ginger [6] and ginger, cardamom and tarragon [7], both found essential oils had a favourable effect on postoperative nausea and vomiting. A further study [8] found the inhalation of both ginger alone and a blend of ginger, spearmint, peppermint and cardamom, were effective as a treatment for postoperative nausea.

Inhaled lavender was found to be anxiolytic for patients treated with haemodialysis [9]. In a larger randomised trial the ambient odours of both orange and lavender reduced anxiety in patients waiting for dental treatment [10]. Lavandula inhaled from a handkerchief was also found effective in significantly reducing anxiety in patients awaiting surgery [11].

A systematic review of randomised clinical trials was conducted to assess whether lavender is anxiolytic [12]. The authors found eight trials investigating the effect of lavender oil inhalation of which four reported a significantly positive effect for at least one anxiety outcome measure.

On the other hand a study examining the effectiveness of essential oils in reducing anxiety in patients awaiting the results of thoracic investigative and staging surgery, did not find a neroli/sandalwood blend to be effective in reducing anxiety [13]. Inhaled bergamot was not found to be effective for reducing anxiety, nausea or pain in children and adolescents undergoing stem cell infusion [14], and the inhalation of lavender, bergamot and cedarwood administered concurrently with radiotherapy was not found to be effective in reducing anxiety [15].

However a continuous application of citrus fragrance for patients with depressive illness was found to bring about a significant reduction in depression [16].

1.1. Description of aromastick use at this cancer centre

Any patient seen by the complementary therapies team at our centre, for any reason, may be offered, or may request, an aromastick. Essential oils for the aromasticks are chosen by the patients themselves in conjunction with the attending complementary therapist. All essential oils listed on the hospital's Essential Oil Policy (see Table 1) are available for use in the aromasticks. Advice from the complementary therapists is based on their previous clinical experience, documented effects of odour inhalation in the literature, patients' odour preferences and patients' positive reaction to oils used in massage treatments. Therapists also carry two pre-blended mixes for nausea. These are the two blends which were chosen most often and found to be useful in one of our previous audits [2] namely: peppermint, ginger and lavender; and eucalyptus and lemon.

2. Methodology

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

Sample: All aromasticks given to patients between January 2011 and April 2013.

The documentation of aromastick use includes patient's gender, cancer diagnosis, the reason why the aromastick was given and which essential oils were used. The data reviewed was collected from the documentation.

3. Results

Over this 28 month period 514 aromasticks were given out to patients as detailed below. All percentages throughout are rounded to the nearest whole number.

Table 1

Essential oils on the hospital's Essential Oil Policy, available for use in the aromasticks.

Bergamot (FCF) (<i>Citrus bergamia</i>)	Lemongrass (<i>Cymbopogon citratus</i>)
Black pepper (<i>Piper nigrum</i>)	Lime (<i>Citrus aurantifolia</i>)
Black spruce (<i>Picea mariana</i>)	Mandarin (<i>Citrus reticulata</i>)
Cardamom (<i>Elettaria cardamomum</i>)	Mandarin petitgrain (<i>Citrus reticulata</i> L. Blanco)
Cedarwood (<i>Cedrus atlantica</i> ; <i>Cedrus deodora</i>)	Manuka (<i>Leptospermum scoparium</i>)
Chamomile, Roman (<i>Chamaemelum nobile</i>)	Marjoram (<i>Origanum majorana</i>)
Citronella (<i>Cymbopogon nardus</i>)	Mint bergamot (<i>Mentha citrata</i>)
Clary Sage (<i>Salvia sclarea</i>)	Myrtle (<i>Myrtus communis</i>)
Clove bud (<i>Syzygium aromaticum</i>)	Neroli (<i>Citrus aurantium</i>)
Cypress (<i>Cupressus sempervirens</i>)	Niaouli (<i>Melaleuca quinquenervia</i>)
Eucalyptus (Lemon) (<i>Eucalyptus citriodora</i>)	Orange (Sweet) (<i>Citrus sinensis</i>)
Eucalyptus (<i>Eucalyptus globulus</i>)	Patchouli (<i>Pogostemon cablin</i>)
Frankincense (<i>Boswellia carterii</i>)	Plai (<i>Zingiber cassumunar</i> Roxb)
Geranium (<i>Pelargonium graveolens</i>)	Peppermint (<i>Mentha x piperita</i>)
Ginger (<i>Zingiber officinalis</i>)	Petitgrain (<i>Citrus aurantium</i>)
Grapefruit (<i>Citrus paradisi</i>)	Rose otto (<i>Rosa damascena</i>)
Howood (<i>Cinnamomum camphora</i>)	Rosemary (<i>Rosmarinus officinalis</i>)
Immortelle (<i>Helichrysum italicum</i>)	Sandalwood (<i>Santalum album</i> ; <i>Santalum austrocaladonicum</i>)
Lavender (<i>Lavandula angustifolia</i>)	Spearmint (<i>Mentha spicata</i>)
Lavender, spike (<i>Lavandula latifolia</i>)	Tea tree (<i>Melaleuca alternifolia</i>)
Lemon (<i>Citrus limon</i>)	Ylang-ylang Extra (<i>Cananga odorata</i>)

The choice of oils on the Essential Oil Policy reflects.

- currently available scientific research.
- the professional judgement of the Clinical Lead for Complementary Therapies.
- past experience of patient needs.
- the practicality of safely storing and using a limited quantity of oils.
- the cost of the oils.

This is not a definitive list of essential oils that may be used on people with cancer. It is updated annually to take account of changing circumstances.

3.1. Patient demographics

Female patients 401 (78%).

Male patients 113 (22%).

3.2. Tumour group

The proportion of patients from different cancer tumour groups who received aromasticks was:

Haemato-oncology 157 (31%).

Breast 113 (22%).

Gynaecology 86 (17%).

Gastrointestinal 57 (11%).

Neuro-oncology 25 (5%).

All other diagnoses each less than 5%.

3.3. Reasons for giving aromasticks

On our documentation of aromastick use (the Aromastick Record) the complementary therapists are able to write why they have given the aromastick in their own words. When analysing the Aromastick Record, we grouped the reasons for aromastick use into 16 categories representing both symptoms to be attenuated (eg nausea) and desirable states to be encouraged (eg relaxation) (see Table 2).

We considered the number of times aromasticks were given for each symptom category and whether or not male and female patients were given aromasticks for similar reasons (see Table 3). Nausea was the most common reason an aromastick was given. Aromasticks given to encourage relaxation, particularly for female patients, was the second highest reason an aromastick was given, followed by anxiety, well-being and sleep problems. Anxiety was

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