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Review

Effect of therapeutic touch on agitated behavior in elderly patients with dementia: A review

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1. Introduction

The recent increase in life expectancy in China is also leading to an increased incidence of dementia. Dementia is a common, chronic, organic disease, which manifests extensive degenerative changes in the brain. In addition to cognitive dysfunction, people with dementia often have additional mental and/or behavioral symptoms, including verbal or physical aggression, wandering, hiding, shouting, hallucinations and paranoia; the most common and destructive of these is agitated behavior [1]. Foreign studies have shown that the prevalence of agitated behavior in elderly demented patients is 70–90% [2]. In China, the incidence of elderly demented patients with agitated behavior living at home or in nursing institutions was 86.1% and 90.8%, respectively [3]. Agitated behaviors increase nursing expenses and hospitalization rate, as well as increase caregiver burden, and lead to the patients being admitted to nursing institutions earlier than they would in the absence of these behaviors [4–6].

The treatment of agitated behavior can be divided into two types: one is drug intervention based on the biomedical model, and the other is non-drug intervention based on patient [7]. However, currently, drug interventions are limited, have low efficacy, and are often accompanied with numerous and undesirable side effects, including increased mortality, increased incidence of a cerebrovascular event, and the acceleration of cognitive decline [1]. Non-drug interventions focus on trying to improve agitated behaviors in patients with dementia by fully considering the needs of the patients [8,9].

Therapeutic touch (TT) is one of the non-drug interventions that has been widely used in other countries to treat elderly demented patients with agitated behavior, both in clinical practice and research settings, with remarkable results [10–19]. The concept of TT was first introduced in China in 1995, and has since been widely used on infants, especially for newborn care and medical research [20–24], as well as in the study of preoperative anxiety, postoperative pain and sleep disorders on adults. However, intervention studies on elderly demented patients with agitated behavior have not previously been studied in China. Therefore, we aimed to review the literature from foreign researchers on the impact of TT intervention on elderly demented patients with

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agitated behavior to provide a reference for enhancing the nursing environment in China for both the patients and caregivers.

2. Agitation in elderly demented patients and therapeutic touch as a treatment

2.1. Agitation

2.1.1. The concept of agitation

Agitated behavior is characterized by inappropriate verbal, vocal, or motor activity that is not judged by an outside observer to result directly from perceptible needs or confusion of the agitated individual [25]. Agitation in persons with dementia is manifested in a wide variety of verbal and physical behaviors that deviate from social norms, including irrelevant vocalizations, screaming, cursing, restlessness, wandering, strange movements, and handling things inappropriately [26].

2.1.2. The types of agitation

Depending on the expressive characteristics, agitated behavior can be divided into two dimensions: aggressive vs. non-aggressive, and physical vs. vocal/verbal. Specifically, agitation includes four categories: (1) physically non-aggressive (inappropriate dressing and/or disrobing, inappropriate eating or drinking, exit seeking behaviors, handling things, hiding things, hoarding, pacing, repetitious mannerisms, and restlessness); (2) physically aggressive (biting, grabbing, hitting, hurting oneself or others, falling intentionally, kicking, physical sexual advances, pushing, scratching, spitting, tearing things, and throwing things); (3) verbally non-aggressive (attention-seeking behaviors, complaining, negativism, and repetitive sentences or questions); and (4) verbally aggressive (cursing, making strange noises, screaming, and verbal sexual advances) [27].

2.2. Therapeutic touch

2.2.1. The concept of therapeutic touch

In the early 1970s, Dolores Krieger and Dora Kunz first described TT, defined as an intentionally directed process in which the practitioner uses the hands as a focus to facilitate the healing process [28]. TT is a treatment method that fuses both ancient medicine and modern technology, and involves an energy exchange between the implementer and a service object. The emphasis is on creating a balance in the whole body instead of focusing only on abnormal functional sites [29], with the intent of speeding up the recipient's healing process by restoring harmony and balance to their energy system.

2.2.2. The types of therapeutic touch

TT includes three types: caring touch, protective touch, and task touch [30]. Caring touch is defined as physical contact outside the domain of the nurses' procedural tasks, such as face touching, head touching, hand-holding, placing an arm around the client's shoulders, and/or the placement of the nurse's hand on the client's arm or hand. Protective TT is employed as a means of emotionally and physically protecting both the client and the nurse, such as the use of physical restraint and control, helping the patient relax, thereby increasing the potency of the drug. This type of touch is geared at older adults who are cognitively impaired and those who have psychiatric diagnoses. Task touch is the physical contact that is incidental to client care procedures.

2.2.3. The mechanism of therapeutic touch

A previous study found that patients will subconsciously stimulate the system after they have received TT, which triggers the release of enkephalin and endogenous hormone [23]. The physiological role of these two endogenous chemicals acts similar to morphine by easing pain locally, as well as acting through the endocrine system to increase the therapeutic effect throughout the body. Currently, the mechanism of TT intervention on elderly demented patients with agitated behaviors is still in the exploration stage. One possible explanation for its effectiveness may be that TT excites the nociceptive pathways in patients, helping the patient relax mentally and physically, thereby ameliorating the agitation.

2.2.4. The use of therapeutic touch as a treatment

Since the 1950s, the benefits of TT have been widely recognized in the United States. The United States has even set up a TT certification program that has been approved by the American Holistic Nurses Association. Studies have shown that TT can not only relieve pain and anxiety, promote patients to relax, and improve the quality of life, but it can also help treat some diseases by enhancing immune function [31].

3. Review of literature on the effects of therapeutic touch on elderly demented patients with agitated behavior

3.1. Therapeutic touch promotes relaxation and alleviates the symptoms of agitation

Restlessness is one of the most frequent and disturbing behaviors experienced by patients with dementia, and it is the outward manifestation of patients' inner tension [10]. Therefore, taking effective measures to relieve that restlessness is extremely important when trying to decrease patients' agitated behavior. In a 2009 study by Woods et al., researchers examined the effect of therapeutic touch on agitated behavior among 65 nursing home residents using a double blind experimental interrupted time series ABAB design [10]. The practitioner delivered the intervention according to a specific protocol that began with a mental intention to therapeutically assist the participant, followed by centering (quieting) by the practitioner. The practitioner then focused her attention on the participant and concentrated on the wholeness of the person with dementia. Standing behind the person, the practitioner then used contact TT, resting her hands on the participant's shoulders, and performing a series of gentle movements (down, then up the back, up the neck, and behind the ears) and rested one hand on the forehead while making contact with the back of the neck with the other hand. At the end of the session, the practitioner again rested her hands on the participant's shoulders and directed thoughts of balance