

# Using Complementary and Alternative Medicine to Treat Pain and Agitation in Dementia

## A Review of Randomized Controlled Trials from Long-Term Care with Potential Use in Critical Care

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### KEYWORDS

• Pain • Agitation • Dementia • CAM • Aromatherapy • Essential oil • Massage  
• Touch

### KEY POINTS

- Behavioral and psychological symptoms of dementia, such as agitation, may indicate or be exacerbated by, pain.
- Pain in dementia is undertreated and there is a need for noninvasive, safe, and gentle pain management options.
- Complementary and alternative medicine therapies are becoming more popular and widely used with positive attitudes toward and satisfaction with use, and should be continued when indicated.
- Although aromatherapy did not show efficacy in dementia, it was found to be safe and promotes reduced stress in nurses and staff working in critical care.
- Massage, touch, and human interaction and presence have demonstrated efficacy in reducing stress, agitation, and pain in individuals with dementia and can be used in critical care.

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## INTRODUCTION

Approximately 46.8 million individuals in 2015 were living with dementia worldwide, with a new case every 3.2 seconds.<sup>1</sup> In the United States, chronic pain is considered a “problem of epidemic proportions,”<sup>2</sup> affecting around 100 million adults.<sup>3</sup> Thus, the occurrence of pain and dementia increases with age,<sup>4–6</sup> presenting challenges for pain assessment in both long-term care (LTC) and adult critical care. Cognitively impaired individuals report pain less frequently and receive minimal<sup>7</sup> to no pain medication,<sup>8</sup> even when there is a known condition that causes pain, such as cancer.<sup>7</sup> Pain at rest in the intensive care unit is common in adult patients and contributes to complications.<sup>9</sup> Although multiple tools exist to help assess pain in dementia,<sup>6,10,11</sup> pain remains underassessed and inadequately treated.<sup>8,12,13</sup>

Behavioral and psychological symptoms of dementia (BPSD), such as agitation, may indicate pain in people with dementia.<sup>14–16</sup> Pain exacerbates agitation and may cause psychosis and delusions in dementia.<sup>17</sup> Medications, such as antipsychotics, are often overused and have significant adverse events in the dementia population.<sup>18</sup> Complementary and alternative medicine (CAM) may offer a less invasive, safer, and

more gentle option to treat BPSD,<sup>19–21</sup> as well as pain,<sup>19,20,22</sup> and improve quality of life.<sup>20,23,24</sup> Reducing BPSD may also reduce the burden on the critical care nurse and support staff.<sup>25</sup> With opioid use becoming more scrutinized,<sup>26</sup> CAM therapies may help to decrease opioid use for pain.

CAM includes therapies such as aromatherapy, acupuncture, animal therapy, music, exercise, herbal medicine, massage, yoga,<sup>23</sup> therapeutic/healing touch,<sup>24,27</sup> tai chi, meditation, and dietary supplements.<sup>28</sup> CAM therapies have been used by nurses for many years,<sup>29</sup> and by many people over 65 years of age in the United States, Canada, United Kingdom, and Australia.<sup>30</sup> In a study of 32 countries across the globe, traditional, complementary, and alternative medicine ranges from 10% in Eastern Europe to more than 50% in Asia, with high treatment satisfaction rates of more than 80% in Europe, Asia, and the United States.<sup>31</sup> CAM has also been used in varying degrees in LTC for years.<sup>19,20,30</sup> Increased understanding and investigating appropriate use of CAM is also a national priority in the United States through the National Center for Complementary and Integrative Health,<sup>32</sup> formerly known as the National Center for Complementary and Alternative Medicine.

This paper reviews CAM therapies and their effectiveness when used in older adults with pain and dementia in LTC and to explore what CAM therapies used in LTC would feasibly transition to the critical care setting. To our knowledge, no literature review has been published to address this particular question. This review was guided by the authors' beliefs that, because the popularity of CAM will likely increase in LTC, critical care nurses receiving patients with dementia from LTC should question the communicative patient with dementia and their caregivers about current CAM use. This measure is especially important, because BPSD may increase with hospital admission, and discontinuing currently used CAM may exacerbate these symptoms and increase pain if CAM therapy is stopped abruptly.

## SEARCH STRATEGY

PubMed and Google Scholar were searched for the terms: complementary, alternative, complementary alternative medicine, nursing home, residential care, LTC, dementia, Alzheimer's, and pain. These were used in multiple combinations with each other, and with and without AND, and with and without quotes. The terms

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