

Peace of mind

Nicolle Mitchell, MFHT, FHT accredited training provider for massage and dementia, explains how a combination of time, touch and appropriate communication can improve the well-being of those affected by dementia

Treating people affected by dementia involves multiple skills beyond massage and therapy techniques – from sharpening communication and listening skills in order to build rapport, to being adaptable and flexible during treatment.

Therapeutic touch

The National Dementia Strategy published by the Department of Health in February 2009, highlighted the need for early diagnosis, better treatment and support services, and offered advice on living well with dementia, including reducing medication where appropriate and employing treatments such as cognitive stimulation therapy, reminiscence work, massage and aromatherapy.

Touch is a powerful tool to communicate care and to help to improve well-being

People affected by dementia can benefit enormously from therapeutic touch and massage.^{1,2}

For clients who live in nursing homes or in hospital, the therapist may be the only person regularly visiting and touching them in a caring, therapeutic way. The average amount of time that people with dementia

in care homes spend interacting with staff or other residents (excluding care tasks) is two minutes in every six hours (Alzheimer's Society, 2007). Therapy sessions provide people with dementia an opportunity to both receive and express 'affection', and clients tend to respond well to therapeutic touch, often wanting to reciprocate the kindness. Many people with dementia become depressed and massage can help to improve their mental and emotional state by promoting the release of dopamine and oxytocin; hormones that induce feelings of love and heighten sense of well-being.³⁻⁶

Some clients may relive past experiences or memories during their treatments, some of which can be uncomfortable or frightening, and therapy sessions that involve reassuring touch with a trusted therapist can provide a space where they feel safe enough to face and deal with such feelings.

Massage can help to improve or retain proprioception, which is our perception of the location, movement and posture of our bodies in relation to physical space. This can help clients retain independence for longer, maintain engagement in everyday activities and improve overall quality of life. Other potential benefits may include helping to ease anxiety about symptoms and any side

What is dementia?

Dementia is an organic disease that results in damage to brain cells, contributing to a progressive decline of the brain's abilities. It is more than forgetfulness; it can potentially affect the ability to reason, short and long-term memory, orientation, inhibition, sequencing, concentration, perception, communication and independence.

Slightly more common in women than in men, dementia tends to occur in people aged 65 or over, and the likelihood of developing the condition increases with age. Although there are more than 100 types of dementia, the following are the forms people tend to be most familiar with:

- Alzheimer's disease, the most common dementia, tends to be progressive and involves proteins developing around

the brain cells, disrupting the brain's normal functioning;

- dementia with Lewy bodies involves proteins, known as Lewy bodies, which develop inside the brain and disrupt the brain cells;
- vascular dementia occurs when blood circulation problems cause an insufficient amount of oxygen and nutrients to reach the brain; and
- frontal lobe dementia, where the frontal and temporal lobes of the brain are damaged, can affect visual and verbal memory, appetite, sleep patterns, organising, sorting information, empathy and inhibitive behaviour. This type of dementia is more common in people under 65.





effects of medication; improve circulation and increase supply of blood and oxygen to the brain; and relieve oedema, stiffness, aches and pains caused by reduced mobility. It can also help improve disrupted sleep patterns and provide comfort and peace to people at the end of their life.⁷

If you treat clients at home, the therapy session can provide respite for the carer, while working within a nursing home or hospital environment can offer professional carers more time to spend with other residents or patients.

The treatment

As with all therapy practice, treating clients with regard, respect and dignity is of paramount importance. Consent is a key issue when treating this client group and it can be useful to be familiar with the Mental Capacity Act 2005 and the Mental Health Act 1983. Depending on the client's capacity, written permission must be gained either directly or via a relevant carer with the capacity to authorise treatment, such as next of kin, GP, advocate, guardian or medical professional in the care/nursing home. If clients are contraindicated for treatment, then written consent from their GP or doctor is required. A thorough consultation

is essential and gaining information from carers, such as family members, community psychiatric nurses, GPs, dementia nurses, care staff and social workers, can help the therapist to build a rapport and meaningful connection with the client. Where appropriate, therapists should ask to be involved in the client's care plan.

Treating people with dementia involves communication, intuition and flexibility. This starts before the therapist enters the client's space – a genuine smile and positive attitude is essential because people with dementia are often experts at reading facial expressions, body language and speech tone. Clients should be told about the treatment in a way they can understand and sufficient time allowed for information to be understood.

Where appropriate, clients can be encouraged to make decisions for themselves, although advocates should be involved if necessary. At the first treatment – and, if necessary, at subsequent sessions – the therapist should explain why they are there, reassuring the client that it is a time and space purely for them, before slowly introducing touch to discover what they find acceptable and are comfortable with. Intuition is key – always work with your

client's interests at heart above those of the carer; even people with advanced dementia can pull away if they do not like a massage move or touch.

Repetition can be reassuring, whether that is flowing, repetitive massage strokes; gentle pressure to stimulate muscles and enhance proprioception; or gentle, prolonged touch to relax and nurture. Gentle pressure point work may help to relieve oedema, joint pain and muscle spasms, as well as promote mental clarity and ease depression.

The therapist often needs to treat clients in a bed or wheelchair, therefore massage techniques and movements may need to be adjusted, and extra towels and pillows positioned to ensure clients remain comfortable and dignified.

When working in a care/nursing home, it can be useful for therapists to create a client record card in addition to their own personal one, which is available for staff to access, monitor treatments, and record any changes in a client's health, well-being and medication. Therapists may need to diplomatically address presenting issues with carers regarding clothing or posture. For example, if a client is wearing socks that are too tight, exacerbating or causing discomfort and circulation or oedema problems, or advising that the client is encouraged to sit with their feet in contact with the floor, which helps to send feedback to the brain for better posture, improving digestion, breathing and circulation.

Challenges of treating people who live with dementia

Working with clients with dementia can be both challenging and rewarding; attending forums, training and conferences and undertaking training in sensory work and dementia awareness can help therapists build on their existing therapy skills and become a reputable professional in this field.

Conducting a risk assessment helps to anticipate safety issues and highlight areas to address, such as the safe storage of massage and essential oils, which should never be left unattended in case clients drink them. Clients' hands and feet should be patted dry after treatments so there is no remaining oil residue that could increase the risk of falls.

Clients with dementia often present challenging and aggressive behaviours that tend to be caused by unmet needs, and should be assessed for both your safety and that of your clients. Communicating with family members and staff can reveal how they best manage certain behaviours, which will help minimise risk to yourself and your client – from postponing treatment until later when they are calmer, having a carer present during treatment, or adopting a different approach. As treatments progress, trust is built, unmet needs may be addressed, and the dementia may advance to a stage where

the client no longer poses the same risks.

Working in this field involves keeping expectations of client engagement and response low; sometimes a smile or a slight responsive grip will be a profound sign of a privileged connection, but at other times, there may be nothing. Although this can be disappointing or frustrating, therapists need to accept that this is rarely a reflection upon their work. Treating people at the end of their life can also be deeply moving and upsetting, but also very rewarding, as it can facilitate a more peaceful transition and comfortable end to someone's life. Therapists may gain from additional support, such as counselling, supervision or therapy to ensure their ability to cope.

Through a combination of therapeutic touch and time, it is possible to connect with clients affected by dementia in order to nurture their inner core and help to improve their well-being and quality of life.

Nicolle Mitchell has a successful holistic therapy practice in Porthtowan, North Cornwall. She has combined her own training, research and experience to develop an FHT accredited short course, *Massaging People who have Dementia*. Nicolle is part of a team that facilitates training sessions around Cornwall to carers of people living with dementia with Outlook Southwest on behalf of the Cornish PCT. T. 01209 711686, www.lifenlimb.co.uk



Case study

Doris* is in her late 80s and has vascular dementia. I have been treating her for five years in a nursing home where she was admitted when her husband died. Doris suffers with constipation, circulatory problems and other health complications (epilepsy, muscular atrophy in the legs, and occasional urinary tract infections [UTIs]), which make her restless and twitchy, especially in her legs.

I treat Doris once a week with integrated massage, incorporating techniques from a variety of different therapies I practise (aromatherapy, massage and Chinese foot massage) and using the following essential oils:

- black pepper, to improve circulation and ease constipation;
- melissa, to reduce anxiety;
- rose, to nurture and lift mood;
- benzoin, to warm circulation, boost immunity and ease feelings of isolation; and
- bergamot, to address UTI symptoms and boost mood.⁸

Within two months of starting Doris's weekly massage treatments, there was a marked reduction in her leg twitching, which stopped shortly afterwards, and Doris's feet began to lose their white pallor and became a healthier colour. I tend to concentrate on Doris's feet, in particular working the reflexes that correspond to the digestive system to help relieve constipation. I use many repetitive movements, including gentle holds and stretches, lymphatic drainage, and pressure point work to ease tense calf muscles and any joint issues presenting in her ankles and knees.

Over time, despite a reduction in mobility due to the progressive nature of her dementia, there has been a consistent improvement in Doris's circulation.

At first, during some sessions, Doris chattered away, laughed, and was engaged; in others, she was very peaceful and slept. As her dementia has progressed, Doris has become less engaged and quieter, but I still understand her cooing, and she is very serene during and after her massage sessions. Staff often comment on how happy she is after treatments and that the massage helps her bowel movements. Doris responds well to music, and if she is upset I will sometimes sing her a lullaby to calm her or play classical music, which may make her animated and excited.

When Doris started to exhibit head shaking, I checked with staff that she would soon be receiving a medication review. We felt that she was looking for her mother's breast and sensory stimulation, so the carers and I wondered whether she might have regressed due to the stage of her dementia. I advised the staff to provide as much physical contact as possible to nurture and reassure her, and Doris's head shaking reduced so that now she only displays this occasionally.

Doris later developed difficulties eating and drinking. The speech therapist visited and recommended the use of essential oils immediately before mealtimes to remind her when it is time to eat. I created an aperitif essential oil blend with sweet orange, mandarin and may chang, which the staff massage gently around her mouth just before meals, to encourage the proprioception connected with chewing and masticating. Family members approved the aromatherapy blend as one that Doris liked, and over a four-week period, there was an improvement in Doris's appetite and eating.

Overall, a combination of communication, massage, creativity, and aromatherapy helps to stimulate Doris's senses and promote a better quality of life, and it is humbling and gratifying to work with the wider network of healthcare professionals to contribute to her improved well-being.

**The client's name has been changed.*

References

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For more information

- Dementia Care Matters is an inspiring and pioneering company in this field that offers expert and compassionate training in dementia care (www.dementiacarematters.com)
- The Alzheimer's Society (www.alzheimers.org.uk)
- Dementia UK (www.dementiauk.org)
- NHS Direct (www.nhs.uk/conditions/Dementia/Pages/Introduction.aspx)