Research

Anxiety reduction, massage and guided imagery

Anxiety is common in patients prior to cardiac catheterisation, which can impact blood pressure and the amount of sedation necessary to complete the procedure. A recent pilot study looked at the effectiveness of massage, with or without guided imagery, in reducing anxiety prior to cardiac catheterisation.

Fifty-five patients opted to receive either a 15-minute massage only (31 patients) or a 20-minute guided imagery (24 patients) in a quiet area of the hospital, prior to cardiac catheterisation. Self-reported anxiety levels, blood pressure and heart rate were evaluated in the research participants, as well as a matched comparison (control) group not taking part in the study.

The results indicated that massage, with or without guided imagery, produced significant reductions in self-reported anxiety, with the combined intervention having a more pronounced effect. In addition, a lower diastolic blood pressure and heart rate was recorded in participants who had received either intervention compared to the control group. Ninety-four per cent of patients indicated they found their treatment helpful.

While the authors acknowledged that the study had a number of limitations, they felt the results demonstrated that holistic approaches can be integrated with conventional allopathic medical practices and procedures with positive results and minimal disruption to patient flow in the office. They also stated that further research in this area was warranted, and that it would be advantageous to the field of massage therapy to investigate the effects of massage with or without guided imagery on patients awaiting other anxiety-inducing medical procedures such as biopsies, CT scans, or MRIs.

According to a study published in Complementary Therapies in Clinical Practice, massage therapy may help to reduce neck arthritis pain and increase range of motion (ROM). The study aimed to show how the effects of weekly massage treatments by a therapist could be enhanced with daily self-massage.

Ninety-eight participants from a medical school, suffering from neck arthritis pain, were split into two groups, one receiving massage treatments and the other a waitlist (control) group. The first group received four 30-minute weekly moderate pressure massages by a licensed massage therapist, and 15-minute daily self-massages. The control group started the same course of treatments after four weeks without massages.

The effectiveness of the treatments was measured through self-reports and ROM assessments, completed after massage treatments on the first and last days of the four-week study period. The assessment measures included identifying faces showing various emotions that were matched with the emotions of the participants, and measuring ROM on a numbered scale, with zero indicating no movement and two indicating full movement.

The group that received the course of massage treatments throughout the study showed significant short-term reductions in pain and improvements in ROM. This included ROM pain decreasing on average by 50 per cent from the first to the last day of the study. Conversely the control group reported increases in pain and reductions in ROM while waiting for massage treatments. Pain associated with ROM significantly increased in the control group during this time.

The researchers believe that mobile phone use could be a contributing factor toarthritic neck pain, as ‘left and right lateral flexion pain were most prevalent at the baseline’ of the neck.

Nature and the well-being of cancer survivors

Globally, more than 14 million people were diagnosed with cancer in 2012 and at the current rate there could be as many as 24 million cases in 2035 alone. Fortunately there is also a growing population of cancer survivors due to medical and technological advances and early detection of the disease.

A narrative review from Mount Royal University, in Canada, looked at how contact with nature could help the emotional and mental well-being for cancer survivors. The research defined nature as ‘outdoor natural ecosystems, such as trees, water and walking trails, found in everyday local contexts’.

After reviewing 16 articles, researchers were encouraged by findings that concluded nature could have a positive impact on the well-being of cancer survivors. One study looked at dragon boat racing as it combines physical activity with team bonding. Participants identified feeling a sense of joy with being out in nature, with one comparing the activity to meditation.

Other studies identified how attentional fatigue may be counteracted by the natural environment, how adventure programmes could help children and adolescent survivors boost self-esteem and give them a sense of belonging, and how beautiful landscapes may produce a calming effect among survivors, reducing anxiety.

The review called for more research to be done to adequately understand the relationship between ‘nature-based interventions’ and cancer survivor well-being. The researchers identified limitations in the review, as most studies only focused on survivors of breast cancer, which means it is difficult to know if the same interventions will help people recovering from other forms of the disease.

Neck pain and massage

Twenty-eight per cent of people suffering from pain due to neck arthritis are likely to seek treatment from massage therapists and neck pain accounts for one in five visits to massage therapists. Despite this, research on the effectiveness of massage therapy is limited and two recent reviews have concluded that more needs to be done.

According to a study published in Complementary Therapies in Clinical Practice, massage therapy may help to reduce neck arthritis pain and increase range of motion (ROM). The study aimed to show how the effects of weekly massage treatments by a therapist could be enhanced with daily self-massage.

Forty-eight participants from a medical school, suffering from neck arthritis pain, were split into two groups, one receiving massage treatments and the other a waitlist (control) group. The first group received four 30-minute weekly moderate pressure massages by a licensed massage therapist, and 15-minute daily self-massages. The control group started the same course of treatments after four weeks without massages.

The effectiveness of the treatments was measured through self-reports and ROM assessments, completed after massage treatments on the first and last days of the four-week study period. The assessment measures included identifying faces showing various emotions that were matched with the emotions of the participants, and measuring ROM on a numbered scale, with zero indicating no movement and two indicating full movement.

The group that received the course of massage treatments throughout the study showed significant short-term reductions in pain and improvements in ROM. This included ROM pain decreasing on average by 50 per cent from the first to the last day of the study. Conversely the control group reported increases in pain and reductions in ROM while waiting for massage treatments. Pain associated with ROM significantly increased in the control group during this time.

The researchers believe that mobile phone use could be a contributing factor to arthritis neck pain, as ‘left and right lateral flexion pain were most prevalent at the baseline’ of the neck.

