

The Holistic Use of Essential Oils and Flower Essences in Palliative Care and with Dementia and Alzheimer's patients.

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Today, 47 million people live with dementia or Alzheimer's disease worldwide. This number is projected to increase to more than 131 million by 2050, as populations age. The interest in a palliative care approach to dementia care has been motivated by concerns that those dying with advanced dementia are often not seen as having a terminal condition and are much less likely than others to be managed palliatively.¹

Alzheimer's disease is the most common form of Dementia. Alzheimer's disease usually has a slow onset but worsens over time. Symptoms such as mild memory loss can develop into complete loss of language and response to environmental stimulus with advanced states.

Some other facts you may not know about Alzheimer's include²

- An estimated 5.7 million Americans of all ages are living with Alzheimer's dementia in 2018.
- This number includes an estimated 5.5 million people age 65 and older and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's.
- Alzheimer's disease is the sixth-leading cause of death in the United States, and the fifth-leading cause of death among those age 65 and older. It also is a leading cause of disability and poor health.
- Within the last decade, deaths attributed to Alzheimer's disease increased by 71%.
- Nearly two-thirds of American Alzheimer's patients are women.
- African-Americans and Hispanics are more likely than whites to be affected.
- By 2025 people with Alzheimer's is estimated to increase by 40% – reaching 7.1 million people.

- Up to 25% of people diagnosed with dementia are prescribed antipsychotics, which are not proven to help.

Seventy-five percent of people with dementia will spend time in a nursing home, most typically in the moderate and advanced stages. Dementia is progressive and eventually terminal; the average time between diagnosis and death is 8 to 10 years, but there is extreme variability with some dementias lasting up to 20 years or more. Typically, about 40% of time spent living with dementia means living in the advanced stages. Someone who reaches the age of 80 and does not have dementia has an approximately 5% chance of spending time in a nursing home, whereas someone who reaches the age of 80 and has dementia has an approximately 80% chance of spending time in a nursing home.

Dementia is a term used to describe a broad set of symptoms that occur due to brain disease.³ These symptoms include the loss of memory, intellect, rationality, social skills and normal emotional reactions. Dementia occurs when brain nerve cells become damaged. Being that this effect several areas of the brain, people experience dementia quite differently. There are various types of dementias, and they are often categorized by the part of the brain damaged and whether the condition worsens. Alzheimer's disease is the most common cause of dementia in seniors over 65 years old.

In dementia, these symptoms progressively become worse and cause increasing difficulties in carrying out every day personal, social and work functions until the sufferer eventually becomes entirely dependent upon care. Although many people with dementia die first from other causes, advanced dementia will result in death.

When someone with advanced dementia is experiencing distress, his/her actions, rather than words are most likely to communicate that distress. Unfortunately, and all too often, these behavioral expressions (moaning, calling out, striking out, grimacing) are not understood as distress, but rather they are assumed to be the inevitable consequences of the dementia itself.⁴

We are entering a new era in health care where the public is informed regarding choices in health care and the availability of complementary and integrative healthcare modalities. There is an increasing expectation for mainstream health care providers, such as physicians, nurses, health administrators, and educators to be

knowledgeable regarding the existence, availability and benefits of complementary and integrative healthcare modalities.

There is a long history of empirical evidence supporting the use of aromatherapy as an adjunctive therapy to address these frequently reported symptoms. Aromatherapy also has been mentioned in dementia care as a preventive first-line treatment, as an environmental intervention/behavioral modification, and to address symptoms such as sundowning, memory loss, and sleep problems.⁵

The problem is that approximately 80% of people who have dementia will exhibit non-cognitive symptoms and what's known as behavioral and psychological symptoms of dementia (BPSD): agitation, aggression, psychosis, sleep disturbance, and wandering. The consideration must be made that the person with dementia may be exhibiting these behaviors as a way of communicating distress or frustration at not being able to properly communicate.⁶

Contributing Factors:

- **Age** - The likelihood of developing Alzheimer's doubles every five years after the age of 65. For most people, symptoms first appear after the age of 60.
- **Family history** - Genetics play a role in an individual's risk of developing the disease.
- **Head trauma** - There is a possible link between the disease and repeated trauma or loss of consciousness.
- **Heart health** - The risk of vascular dementia increases with heart conditions such as high blood pressure, high cholesterol and diabetes.

Possible Symptoms:

- Memory loss
- Repeating questions and statements
- Poor judgment
- Misplacing items
- Mood and personality changes
- Confusion
- Delusions and paranoia
- Impulsiveness
- Weight loss
- Seizures
- Difficulty swallowing
- Increased sleeping
- Lack of control of bowel and bladder
- Trouble handling money

Aromatherapy Benefits and Barriers

Flower essences and aromatherapy can play a valuable role in calming the stressed, angry, demanding or fearful patient. Aromatherapy (the therapeutic use of pure plant essential oils) either applied in a massage oil or lotion and absorbed by the skin or inhaled and absorbed into the lungs and nasal passages have been found to improve physical and mental health. Aromatherapy is the fastest growing complementary therapy amongst caregivers to mitigate distress in their patients. In the USA it has recently been recognized as a legitimate part of holistic nursing.⁷

A limited number of clinical trials have concluded that aromatherapy does provide a potentially effective complementary treatment for Alzheimer's disease and related dementias. It might be thought that aromatherapy works by providing a pleasing smell, but many patients with advanced dementia have lost their sense of smell. A number of recent, controlled studies have shown that aromatherapy can be useful in the management of patients with dementia: lavender (*Lavandula angustifolia* or *Lavandula officinalis*) and lemon balm (*Melissa officinalis*) are two essential oils of particular interest in this area.⁸ While lavender is the most widely used essential oil, there is great scope for exploring other oils in synergy with flower essences that may help with the palliative treatment of patients in a hospice or home setting in general.

The field of aromatherapy is expansive and ranges from using essential oils to aid in wound healing to using them as a behavior modifier in dementia care.⁹ Aromatherapy goals can include reducing stress, stimulating the immune system, promoting healing, and reducing disease symptoms. A 2007 literature review showed the positive effects of aromatherapy interventions on wound care, nausea, agitation in dementia and elder psychiatric patients, end-of-life agitation, and MRSA infections.¹⁰

Some barriers to implementing aromatherapy at clinical sites include inadequate staff education; safety issues; aromatherapy delivery methods; developing aromatherapy policies, procedures, and protocols; and payment/funding of aromatherapy services.

Holistic aromatherapy is much more than just essential oils. The well-rounded aromatherapy professional provides a level of care that integrates the use of essential oils, good nutrition, relaxation, restful sleep, clean water, and other methods of care

and tools to support a healthy lifestyle. Holistic Aromatherapy can be supportive to the family of a patient in clinical care.¹¹

Flower essences are liquid infusions of the energetic imprint of flowers and plants. They however, contain no bio-chemical component or aroma, but rather, carry the energetic signature of the plant, that may improve the quality of life while the patient is in decline. Similar to homeopathic remedies, flower essences are diluted and are administered as drops or added to water and used as a spray. Flower essences are most successfully employed within a context that recognizes and encourages the activity of the soul and the dignity of the human being as integral to the overall therapeutic strategy.¹² Combined with aromatherapy, the synergy of therapeutic effects is amplified and are ideal for the chemically sensitive, the elderly, or the infirmed.

Why Comfort Matters in Palliative Long-Term Care

Individuals in emotional distress are often treated with psychotherapeutic agents, but other treatment options exist. In palliative care, aromatherapy is effective in dealing with many health issues that cause discomfort, helping to relieve and emotionally support patients and their caregivers. Non-pharmacologic therapies are those that do not involve medication. Non-pharmacologic therapies are often used with the goal of maintaining or improving cognitive function, the ability to perform activities of daily living or overall quality of life. They also may be used with the goal of reducing behavioral symptoms such as depression, apathy, wandering, sleep disturbances, agitation and aggression.¹³

The soothing benefits of aromatherapy reduces the number of drugs prescribed for patients.¹⁴ Some of the benefits include

- Reducing, anxiety, fear, and depression
- Managing pain
- Improving moods enabling a re-engagement in the pleasures of life
- Increasing appetite
- Promoting sleep at night
- Improving skin quality, reducing skin tears and discomfort
- Improving circulation

A person with dementia experiences a gradual decline in their abilities to think, remember and carry out their normal daily activities. They consequently require ever-increasing personal care and eventually become totally reliant upon their caregivers. Thus, the symptoms and care requirements of dementia present major challenges not only for the person with dementia, but for their family and friends as well. These challenges are so great that even the closest relationships, between a parent and child or a couple are vulnerable to breaking down.

Alzheimer's and Dementia Caregivers

Caregivers face a variety of challenges when a loved one develops Alzheimer's disease or another dementia. Caring for a loved one is very stressful. Caregivers want to relieve their loved-one's suffering, and yet with dementia or other chronic progressive conditions near the end of life there is little to be done except to provide basic needs, keep them safe and help them feel loved (when they can allow it).

Eighty-three percent of the help provided to older adults in the United States comes from family members, friends or other unpaid caregivers. Nearly half of all caregivers (48 percent) who provide help to older adults do so for someone with Alzheimer's or another dementia.¹⁵

- Nearly one-fourth of Alzheimer's and dementia caregivers are "sandwich generation" caregivers – caring for both someone with the disease and a child or grandchild.
- More than 40% of family caregivers report that the emotional stress of their role is high or very high.
- More than 1 in 6 Alzheimer's and dementia caregivers had to quit work entirely either to become a caregiver in the first place or because their caregiving duties became too burdensome.
- 74% of caregivers of people with Alzheimer's disease and other dementias reported that they were "somewhat concerned" to "very concerned" about maintaining their own health since becoming a caregiver.

In long term caregiving situations, the greatest task is for the caregiver to learn to take care of themselves by giving from the heart while keeping appropriate limits and boundaries. Caring for a declining loved one often triggers a desire to put

someone else's needs and desires ahead of one's own for months or years on end can be dangerously depleting. In reality, care receivers need the people who take care of them to be well-rested, well-fed, well-supported, well-exercised and relaxed so they can benefit from their support for as long as possible.¹⁶

The responsibilities of caring for someone with dementia often fall to women. Approximately two-thirds of caregivers are women; over one-third of dementia caregivers are daughters. According to the Alzheimer's Association, in 1997 just 19% of family caregivers were men while in 2012 that number was 40%. Researchers and advocates for seniors and caregivers are beginning to pay more attention to the increasing number of men who are caregivers.¹⁷

Although caregivers report positive feelings about caregiving, such as family togetherness and the satisfaction of helping others, they also frequently report higher levels of stress.¹⁸ Interventions for dementia caregivers that have demonstrated efficacy in scientific evaluations have been gradually implemented in the community. These implementation efforts are generally successful at improving how caregiver services are delivered, and they have the potential to reach a large number of families while also helping caregivers cope with their responsibilities.¹⁹

Using Fleur Flower Essence Aromatherapy Care Products

Fleur Flower Essence Aromatherapy products were created with the utmost safety in mind for patients and caregivers to reduce distress and mitigate dementia symptoms. Fleur Flower Essence Aromatherapy care products may be used in a number of ways:

- Massaged directly into the skin
- Misted around the person's head away from the face
- Sprayed on warmed hand towels to wash their face and hands before or after meals
- Sprayed on a gauze pad and pinned to the patient's gown
- Sprayed on a patient's pillow

Many patients are requesting aromatherapy services, and some hospice and palliative care sites are listening and responding to these requests. Aromatherapy combines both art and science, and it can be utilized as a tool to bring the "care" back

into health care. Caregivers, family members or Home Health Aides equipped with non-toxic flower essence aromatherapy sprays and massage oils can quickly bring about caring comfort to their loved one's distress and suffering. Flower Essence and Aromatherapy interventions may be used independently or in combination with pharmacological and psychosocial interventions.

The Holistic Use of Essential Oils and Flower Essences in Palliative Care and with Dementia and Alzheimer's patients is a therapeutic blessing for all people who suffer with the debilitating effects of this disease. The palliative care community's attention towards complementary and integrative methods like aromatherapy has given new hope to reduce the unwanted effects of dementia. If properly explored to their full potential, flower essence aromatherapy can not only benefit the patients but also their caregivers and humanity.

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