

Marie Curie Research Grants Scheme

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The effectiveness and the expectations and experiences of patients in palliative care settings of reflexology, massage and aromatherapy: a systematic review

Duration of project: 12 months

Start date: 1st May 2017

Budget: £60,175

Abstract

Background

People at a palliative stage of a disease may experience profound emotional and spiritual struggles and their suffering from pain and other symptoms may be debilitating. Conventional therapies are not always sufficient to provide satisfactory relief.

Complementary therapies (CT) may be offered alongside conventional treatments. Hospices commonly provide CTs such as aromatherapy, massage and reflexology. This is because of their potential to help alleviate symptoms such as pain, reduce psychological distress, and improve wellbeing. They can be seen as an integral part of care, with dedicated staff/volunteers and facilities. However, there is inconclusive evidence on their effectiveness and questions about their inclusion in clinical guidelines in palliative care. From information provided in our audit of UK hospices in preparation for this application we estimate CT cost per hospice to be £37,087 per annum. Moreover patients, families and clinicians have identified as a research priority the need to understand the benefits of CT in palliative and end-of-life care, as well as how and where they are best provided.

It is accepted that conclusions about the effectiveness of a treatment (or therapy) should be based where feasible upon systematic reviews (not single studies). There are reviews on aromatherapy, reflexology and massage. Conclusions taken from reviews that are made across populations with diseases at any stage (e.g. early to survivor) overlook different requirements for, and impacts of, treatments in people with advanced illnesses. Moreover there is limited review focus solely on the palliative phase of a disease (to our knowledge reviews are over five years old and only in massage). This important omission needs addressing. Additionally there is no review of qualitative studies on patients' experiences of CT within the palliative care setting. Although relatively novel, the value of including both evidence of the effectiveness of an intervention and evidence on peoples' experiences of an intervention in a review synthesis is recognised.

Purpose

To explore in a multi-level synthesis whether and how aromatherapy, massage and reflexology make a positive difference to the wellbeing of palliative care patients.

Objectives

To apply rigorous systematic review methods to (1) synthesise evidence from randomised controlled trials on the effectiveness of CT in adult palliative care, (2) synthesis evidence from qualitative studies on the perspectives of palliative care patients on CT (3) to use a

shared framework to juxtaposition the findings from the two reviews to explore how assessment in trials corresponds with benefits perceived by patients, and whether therapies in the trials were provided how patients may want them.

Methodology

We shall focus on palliative care patients and CT that are available in hospices. In our audit the most commonly provided were reflexology, massage and aromatherapy. We shall use the methods for systematically reviewing effectiveness literature outlined by the Cochrane Collaboration to identify, appraise and synthesise evidence from randomised controlled trials. To explore the context of use of reflexology, massage and aromatherapy in palliative care we shall identify qualitative studies on patients' perspectives and apply qualitative synthesis methods as outlined by the Cochrane Qualitative and Implementation Methods Group. In a data matrix we will combine our findings from the reviews.

The synthesis will be reported according to recommended guidelines. The findings will be disseminated through high-impact journals and other media that clinicians, patients and their families may use. We shall use formats suitable to influence clinical guidelines on CT for people approaching the end-of-life. Working with a lay panel, we shall develop a plain English summary for dissemination. The multidisciplinary research team involves palliative care researchers including an expert in CT, a palliative care clinician, a hospice-based nurse, and methodological experts in quantitative and qualitative systematic reviewing. We propose a 12-month project since the number of relevant studies to review is unlikely to exceed 40.

Proposed findings

This review will be the first to explore how trials on effectiveness of CT reflect areas of patient benefit, alongside preferred provision of services. Whilst it may not give a definitive answer on the effectiveness of these therapies it will be able to demonstrate what may be more meaningfully tested in future research. Incorporating evidence on perspectives of patients demonstrates that their views are being heard. It explores the distinct value of these therapies and how best to provide them.