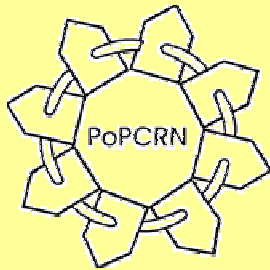


What's Poppin'?

Population-Based Palliative Care Research Network



Kernel's Corner By: Jean S. Kutner, MD, MSPH

This issue of "What's Poppin?" focuses on complementary and alternative medicine (CAM) in hospice/palliative care. In the Fall 2003 "What's Poppin?" we announced the "REST Study" (Reducing End-of-life Symptoms with Touch), funded by the National Center for Complementary and Alternative Medicine (NCCAM). This study aims to demonstrate how well massage works to alleviate pain and other symptoms for persons with advanced cancer. Study subjects are randomized to receive, over a two-week period, six 30-minute sessions of either "moving" or "non-moving" touch. Pain, symptom distress, quality of life and medication use are tracked over the course of the study period. Ten hospices and one cancer center (see PoPCRN web site for list of participating sites) are currently enrolling patients; several additional hospices will be trained and begin enrolling patients over the next few months. We recently completed site visits to all of the participating sites. Our study team has been uniformly overwhelmed by the dedication of the study team members, all of whom are busy with many other clinical, educational and administrative responsibilities, to ensuring the success of the study. We are honored to be working with this amazing group. Future issues of "What's Poppin?" will provide updates as the study progresses, and additional information about the participating sites.

Presentations and Publications

- Casarett D, Kassner CT, Kutner JS. Recruiting for research in hospice: feasibility of a research screening protocol. Journal of Palliative Medicine. In press, 2004.
- Kutner JS, Main DS, Westfall JM, Pace W. The Practice-based Research Network as a Model for End-of-Life Care Research: Challenges and Opportunities. Cancer Control, In press, 2004.
- Nowels DE, Kutner JS, Kassner C, Beehler, C. Hospice Pharmaceutical Cost Trends. American Journal of Hospice and Palliative Care. In press, 2004.
- Fischer S, Kutner JS, Egan K. Healthcare Professional Education: A Unique Role for Hospices. American Journal of Hospice & Palliative Care, In press, 2004.
- Kutner JS, Meyer SA, Beaty B, Kassner CT, Nowels D, Beehler C. Outcomes and Characteristics of Patients Discharged Alive From Hospice. Journal of the American Geriatrics Society. 2004. 52(8):1-6.

Mission Statement:

The population-based Palliative Care Research Network (PoPCRN) is committed to enhancing the care of persons at the end of life and their families through the conduct and dissemination of high-quality research in palliative care settings.

Highlights

- Clinical Feature: Massage Therapy in Hospice by Tracy Matthews, ND
- Music Therapy by Heather Lantry
- Complementary and Alternative Medicine Resources compiled by Marlaine Smith, PhD, RN and Lisa Corbin, MD

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Clinical Feature: Demonstrating the need for Massage Therapy in Palliative Care

by Tracy Matthews ND, Hospice of Metro Denver Pathways Program, Denver, CO

Palliative care is defined by the World Health Organization as “the **active total care** of patients whose disease is not responsive to curative treatment.” Similarly, the focus of hospice and palliative care is to assure that patients are as comfortable as possible and are provided all potential interventions. The American Nursing Association’s stated goal for end of life care interventions is to maximize comfort [1]. One intervention anecdotally shown to be beneficial to patients suffering with pain and other distressing symptoms is Massage Therapy.

The effects of Massage Therapy are both physiological and psychological. Physical benefits include increased oxygenation and nutrients to cells and tissue, release of endorphins, and decrease in heart rate. Psychological and emotional benefits include mental relaxation, feelings of well-being, calmness, and wholeness [2]. In the Wrede-Seaman symptom management algorithm handbook, Massage Therapy is suggested as a non-pharmacological Intervention for many symptoms, including Agitation, Anxiety and Pain. Many cancer patients report not taking suggested or prescribed medications due to the distressing side effects of medications. One simple solution can be Massage Therapy, used as an adjunctive intervention to alleviate pain and other symptoms without the bothersome side effects of many medications.

The evidence suggests effectiveness of non-pharmacologic interventions for the management of acute pain [3-5]. The American Geriatric Society [6] issued a statement that [non-pharmacologic interventions] improve pain management resulting in the need for less medication. A study with 29 patients (15 in the treatment group and 14 in the control group) and found significant reductions in respiratory and pulse rates after massage [7]. In a randomized between-group study comparing massage therapy to muscle relaxation for patients with chronic low back pain, the patient group that received massage therapy reported experiencing less pain, depression, anxiety and improved sleep compared to the relaxation group. The massage therapy group in this study also had higher serotonin and dopamine levels [8]. However, few clinical trials with large subject numbers have been conducted on hospice and/or advanced cancer patients demonstrating the beneficial effects of Massage Therapy. Preliminary findings from the National Hospice Outcomes Project suggest that hospice is not providing, or perhaps, just not documenting, a significant amount of non-pharmacological interventions for pain or dyspnea.

There is little or no reimbursement for massage therapy for hospice patients. Most hospice massage therapy is provided via volunteers or students, or supported by grants or philanthropy. This lack of reimbursement often limits the number of people to whom massage therapy can be offered. If massage therapy, or other complementary therapies, are to be fully integrated into care for persons with advanced illness, there clearly is a need for randomized controlled trials demonstrating the efficacy of these therapies.

One simple solution can be Massage Therapy, used as an adjunctive intervention to alleviate pain and other symptoms without the harmful side effects of many medications.

For a complete list of references, please see the PoPCRN website.

Music Therapy in Hospice by Heather Lantry, Hospice Partners, Chicago, IL

The American Music Therapy Association defines music therapy as “the prescribed use of music by a qualified person to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems.” Music Therapists have a minimum of a Bachelors degree in music therapy, completion of a six-month, full-time internship, board certification credentialing, and work in a variety of educational, social service, and healthcare settings, including hospice.

Music therapy in hospice functions as an adjunctive service that complements the physical and psychosocial-emotional care provided by the core hospice team. Referrals for music therapy services may be made to address physical symptoms including pain, discomfort, shortness of breath, and restlessness as well as psychosocial symptoms such as anxiety, denial, isolation, loss of ability to verbally communicate, and issues with family dynamics.

A variety of interventions may be provided to the hospice patient and family by a music therapist. All music therapists are required to be proficient in piano, guitar, vocals and many play other instruments. Music therapists utilize live music extensively and bring a broad range of tonal variety to the patient’s bedside. The patient’s musical preference is core to the music therapist’s choice of interventions, as music therapy research has consistently shown that patient preference is critical for effective intervention. To this end, music therapists work with a broad range of musical genres in order to bring music that is meaningful and therapeutically appropriate to the patient and family.

Given these generalities, typical music therapy interventions used in the hospice setting include relaxation, pain management, improvisation, songwriting, lyric analysis, and life review. In interventions such as relaxation and pain management, preferred live music is provided and may be combined with verbal instructions to assist the patient in learning to decrease muscle tension and use distraction to decrease pain perception. In interventions such as improvisation and songwriting, patients are able to engage in self-expression and regain a sense of creativity and autonomy, whether by composing original song lyrics or simply by controlling the tempo by tapping a finger.

Music therapists working in hospice are frequently requested at the bedside of patients who are actively dying, and are able to assist the hospice team in creating an environment that facilitates calmness, safety, and the opportunity for closure and self-expression for the patient and family. Music therapists are able to provide nonverbal support for not only the patient and family, but also the hospice staff.

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For additional information about music therapy, go the American Music Therapy Associations website at www.musictherapy.org

Complementary and Alternative Medicine (CAM) Resources

The following resources, provided by Marlaine Smith, PhD, RN and Lisa Corbin, MD (UCHSC REST Study), are suggested for further information regarding CAM therapies, particularly relevant to the hospice and palliative care setting.

Books

- ⌘ Dillard J, Ziporyn T. Alternative Medicine for Dummies. IDG Books Worldwide, 1998.
- ⌘ Fugh-Berman A. Alternative Medicine: What Works?. Baltimore, MD, Williams and Wilkins, 1997.
- ⌘ Harring M and Roberts M. Blackwell Complementary and Alternative Medicine: Fast Facts for Medical Practice. Blackwell Science Inc, 2002.
- ⌘ Huebscher R, Shular PA. Natural, Alternative and Complementary Health Care Practices. St. Louis, Mosby, 2004.
- ⌘ Jonas WB, Levin JS. Essentials of CAM. Lippincott, Williams and Wilkins, 1999.
- ⌘ Nurses's Handbook of Alternative and Complementary Therapies. Springhouse, PA, Springhouse, 1998.
- ⌘ Rakel D. Integrative Medicine. Saunders, 2002.

Handbooks

- ⌘ American Cancer Society's Complementary and Alternative Cancer Methods Handbook. ACS, Atlanta, 2002.
- ⌘ National Hospice and Palliative Care Organization: Complementary Therapies in End-of-Life Care. NHPCO Professional Development Series (available via <http://www.nhpco.org>).

Internet

- ⌘ American Holistic Nurses Association: <http://www.ahna.org>
- ⌘ American Massage Therapy Association: <http://www.amtamassage.org/>
- ⌘ National Cancer Institute site with links to CAM / cancer: http://www.cancer.gov/cancer_information/
- ⌘ National Center for Complementary / Alternative Medicine: <http://nccam.nih.gov/>
- ⌘ NIH information on supplements: <http://dietary-supplements.info.nih.gov/>

Journal Articles

- ⌘ Lewis CR, de Vedia A, Reuer B, Schwan R, Tourin C. Integrating complementary and alternative medicine (CAM) into standard hospice and palliative care. *Am J Hosp Palliat Care*. 2003 May-Jun; 20(3):221-8.
- ⌘ Pan CX, Morrison RS, Ness J, Fugh-Berman A, Leipzig RM. Complementary and alternative medicine in the management of pain, dyspnea, and nausea and vomiting near the end of life. A systematic review. *J Pain Symptom Manage*. 2000 Nov; 20(5):374-87.
- ⌘ Richardson MA, Straus SE. Complementary and alternative medicine: opportunities and challenges for cancer management and research. *Semin Oncol*. 2002 Dec; 29(6):531-45.
- ⌘ Smith MC. Complementary therapies and home care nursing practice. In *Home Care Nursing Practice: Concepts and Application*. 3rd Ed. R. Rice (Editor). 2001, St. Louis: Mosby, pp. 480-499.
- ⌘ Vickers A, Zollman C. ABC of complementary medicine. *Massage therapies*. *BMJ* 1999;319(7219):1254-7.
- ⌘ Zappa SB, Cassileth BR. Complementary approaches to palliative oncological care. *J Nurs Care Qual*. 2003 Jan-Mar; 18(1):22-6.