REVIEW: Role of Therapeutic Touch in the management of responsive behavior in patients with dementia.

Ananthavalli Kumarappah (MSc)[4,5]; Helen Senderovich (MD, MCFP)[1,2, 3,4, 5]

[1]Baycrest, Toronto, Canada; [2]Department Family and Community Medicine, [3]Division of Palliative Care, [4]Faculty of Medicine, [5]University of Toronto, Canada

Background

Responsive Behaviour in Dementia:

- In 2010, there were more than 36 million individuals living with dementia.
- An estimated 90% of individuals with dementia experience behavioral symptoms over the course of their illness
- Behavioural symptoms may be harmful to patient, and can be physically and emotionally tolling on family and other caregivers
- Untreated symptoms lead to disease progression, functional decline, repeated falls, longer hospitalization, misuse of medication, and decline in quality of life

Methods

- To evaluate the current use of Therapeutic Touch (TT) in managing responsive behavior in patients with dementia, we searched PubMed 'Therapeutic Touch''. We limited our inclusion to reviews studies published in the last 10 years (January 2005 to January 2015). We excluded articles in languages other than English and studies for which no outcomes were reported

Therapeutic Touch

- TT is an alternative therapy that was described by Dolores Krieger, PhD, RN and Dora Kunz in the 1970s, but is based on ancient healing practices[1].
- In the centering phase, the healer achieves inner calmness and intends to be of service to the patient. This phase can be achieved by quiet mediation or by taking deep breaths to relax the body.
- During the assessment phase, the healer places her/his hands two to four inches over the patient's body to gauge the energy field of the patient. These movements are performed with the palms facing towards the patients, and gradually move from the head of the patient to the feet of the patient. While preforming these movements, the healer needs to be aware of sensory cues such as warmth, coolness, static, and tingling.
- During the treatment phase, the healer uses rhythmical and symmetrical movements of the hands to rebalance any disturbed flows of energy. According to practitioners, this method works because healers are able to realign the body's energy field.
- This mechanism of action is controversial due to its speculative nature. Alternatively, Meehan proposes that TT has mostly a placebo and psychological effect[2].







Studies Reviewed

Author (Year)	Study Design	Population	Outcomes (instruments)	Authors' Conclusions
Gregory and Verdouw (2005)[3]	Exploratory study with pre-test/post-test assessment	Elderly residents (n=121; 24 with dementia)	Changes in physiology, pain level, and behavior	88% and 92% of patients with dementia experienced physical improvement and positive behavioral changes, respectively. Most commonly observed behavioral changes included reduced vocalizations, reduced restlessness, and improved demeanor.
Woods, Craven, and Whitney (2005)[4]	Randomized, double-blind, three-group experimental study	57 residents in (age 67-93) with behavioral symptoms of dementia	Agiated Behaviour Response Scale	Reduced manual manipulation/restlessness and vocalization
Doherty et al. (2006)[5]	Focus group with semi-structured interviews (staff), pre-test/post-test assessment (residents)	Staff (n=32), 4 residents	Dementia Care Mapping and Positive Response Schedule	Insufficient evidence for use of TT in dementia; improved staff perceptions
Hawranik, Johnston, and Deatrich (2008)[6]	Multiple time series, blinded, experimental design	Residents in long-term care with Alzheimer's disease (n=51)	Cohen-Mansfield Agitation Inventory	Reduced nonaggressive behaviors
Woods, Beck, and Sinha (2009)[7]	Double-blind experimental interrupted time series	(n=65)	Agitated Behaviour Rating Scale, salivary cortisol	Decreased restlessness with TT, greater variability of morning cortisol levels

Results

- Manual manipulation/restlessness and vocalization were the specific behaviors that showed a marked improvement with TT. It may be that TT studies show improvement in agitation and restlessness since they are among the common symptoms associated with dementia. Lack of power can make it difficult to ascertain the value of TT for other less common behavioral and psychological symptoms of dementia. Understanding the specific behaviors that are improved with TT will be important in bringing TT into clinical practice.
- The double-bind RCT showed no significant differences in cortisol levels between the groups4. However, there was a significant difference in the morning cortisol variability among the groups.
- TT practitioners commented on improved therapeutic relationships and ability to maintain a form of communication that may not otherwise be possible in patients with dementia[5].
- In addition to TT, other forms of touch have been studied as alternative therapies in managing behavioral responses including massage, hand stroking, and holding hands. Studies that further examine TT and other touch modalities are necessary to separate the benefits of TT vs other touch modalities.

Conclusions

- Despite limited evidence, TT may be explored as an adjunctive therapy for controlling behavioural symptoms in individuals with dementia since it is associated with the absence of negative sequelae.
- TT may be beneficial for common behaviours of agitation such as wandering, restlessness, and vocalizations.
- Future studies should include categorizing individuals by dementia sub-type and severity, having larger sample sizes, and better methodological consistency in recording behavioural symptoms.
- For inquiry:please contact Dr. Helen Senderovich at hsenderovich@baycrest.org

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