



# Aromatherapy

## DEMENTIA CARE

This evidence theme on aromatherapy is a summary of one of the key topics identified by a scoping review of dementia research.

### Key points

- Aromatherapy is thought to create a sense of wellbeing for people living with dementia.
- Evidence from four systematic reviews shows no impact of aromatherapy on mood, sleep, resistance to care, quality of life and thinking in people living with dementia.
- The evidence of aromatherapy's ability to reduce responsive behaviours such as aggression and agitation is inconclusive.

### What is aromatherapy?

Aromatherapy is a centuries-old complementary therapy that uses fragrant essential oils from plants such as lavender, lemon balm, and cedar to promote health and wellbeing. These oils can be applied directly to the skin or infused into the air using a diffuser or burner. Aromatherapy is popular with patients and health professionals, especially in the context of birth [1] and at the end of life where it is thought to reduce pain and anxiety. [2] It is generally considered safe with no harmful side effects.

### Is aromatherapy effective?

We found four systematic reviews that examined the impact of aromatherapy on responsive behaviours, agitation, quality of life, mood and the thinking of people living with dementia. Overall, these reviews concluded that there is no evidence that aromatherapy affects:

- Quality of life
- Mood
- Sleep
- Thinking processes [3]
- Resistance to care [4]
- Agitation. [5]

There is also conflicting evidence for the effectiveness of aromatherapy in reducing responsive behaviours such as aggression and agitation. [6-8] Furthermore, the reviews did not find any studies that had measured the harmful effects of aromatherapy. This leaves us unable to conclude that aromatherapy is always safe.

## Evidence limitations

Some reviews highlighted concerns about the methods used to assess the impact of aromatherapy. This may reduce the degree of certainty we might have about the benefits of aromatherapy overall. For example:

- Studies differed in the types of aromatherapy oils they tested.
- Some studies only had a small number of participants.
- Studies did not report important information about how they were conducted.

## What can an individual do?

Despite the lack of evidence supporting this therapy, aromatherapy can still have a place in the aged care setting. It could be used:

- To create pleasing aromas in the living environment
- As part of a personal massage session
- To create opportunities for the person with dementia to communicate with others when used as part of a massage.
- To grant carers time to get to know a person with dementia.

It is important to check people's preferences for aromatherapy before trying this approach. Some people with dementia may find certain scents pleasant and enjoy the sensation of having them massaged into their skin. Others may find them a physical irritant or too pungent. Certain scents might also trigger autobiographic memories of past experiences, good and bad, for some people. [9]

## What can the organisation do?

Aromatherapy is relatively inexpensive and may bring calm or pleasure to certain people with dementia. Its use in aged care settings might be justified on this basis, despite a lack of conclusive evidence of specific health or behavioural benefits. Organisations might, therefore:

- Support volunteers to provide aromatherapy safely, perhaps via short, gentle hand massages
- Provide guidelines to family and friends on how to safely provide aromatherapy. This activity can help visitors to feel they have a useful role when they are with their loved ones. It also supports continuing relationships between the older person and their family and friends.

- This booklet by Dementia UK (2022) has some useful practice tips that could be used for staff training. [https://www.dementiauk.org/wp-content/uploads/2019/02/DUK07-Aromatherapy\\_web.pdf](https://www.dementiauk.org/wp-content/uploads/2019/02/DUK07-Aromatherapy_web.pdf)

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[www.ariia.org.au](http://www.ariia.org.au)

For more information email [ariia@ariia.org.au](mailto:ariia@ariia.org.au) or call 08 7421 9134

ARIIA - Level 2, Tonsley Hub, South Rd, Tonsley SA 5042

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