



Massage and touch

DEMENTIA CARE

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

Key points

- Massage and touch are two complementary therapies thought to reduce responsive behaviours in people living with dementia.
- There is some evidence that massage and touch can reduce aggressive and non-aggressive verbal and physical behaviours and agitation in people living with dementia.
- Further research involving more participants and a consistent approach in duration, timing and frequency is needed to confirm these findings.

What are massage and touch interventions?

Massage and touch are two complementary therapies often thought to reduce responsive behaviours and anxiety, and improve mood in people living with dementia. [1] Massage applies touch with some pressure and movement. It includes techniques such as stroking, pressing, rubbing, and kneading to manipulate layers of muscle and connective tissue to bring comfort and relaxation. [2] Touch might involve acupressure, reflexology, or slow, gentle stroking. [2] It might also involve 'therapeutic touch', where the therapist's hands are held near the person's body but do not come into contact. [3] Massage and touch might be applied to the back, shoulders, and neck or smaller regions such as hands and feet. [3]

Are massage and touch effective?

The findings of two reviews support the effectiveness of massage and touch in reducing overall responsive behaviours in people living with dementia in the residential care setting. More specifically, massage and touch reduced:

- Physical behaviour, both aggressive and non-aggressive
- Verbal behaviour, both aggressive and non-aggressive [2]
- Agitation. [1]

Massage and touch were less effective in reducing negative emotions such as:

- Anxiety
- Sadness
- Anger. [2]

There were no harmful effects found for this population.

Evidence limitations

The reviews also highlighted concerns about the methods used by some of the studies. This reduces the degree of certainty we might have about the benefits of massage and touch. For example:

The reviews also highlighted concerns about the methods used by some of the studies and the generalisability and applicability of the findings. This reduces the degree of certainty we might have about the benefits of massage and touch. For example:

- Many studies only had a small number of participants.
- Important details of what was done were missing such as the type of massage involved and its frequency.
- Across studies, massage and touch were administered in different ways by unspecified people, at different times of the day, and with varying frequency, and duration. This makes it hard to come to any conclusions about the effectiveness of the approach for most people. [2]

With further research, it may be possible to develop standardised guidelines describing the best approach to providing massage and touch to people living with dementia. [2]

What can an individual do?

- Massage or touch with the aim of calming responsive behaviours may work on one person but not another. Take an active 'test and see' approach to providing these therapies and always with the permission of the person with dementia.
- Proceed with care if the person has thin, dry skin, excess fluid, or inflammation. [4]
- Consider cultural norms and expectations around touch.

What can the organisation do?

- Consider engaging a professional massage therapist to routinely provide this form of therapy for people living with dementia in the residential care setting.
- Ensure there is an appropriate space in the residential aged care setting when providing massage/touch sessions. Dedicating a pleasant space to these activities may encourage more involvement of personal care staff, activities staff, volunteers, and family carers.

References

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