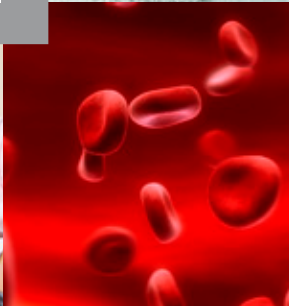
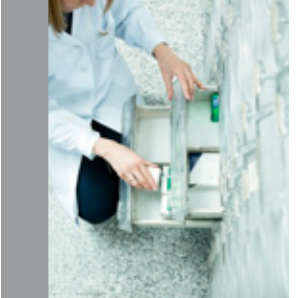
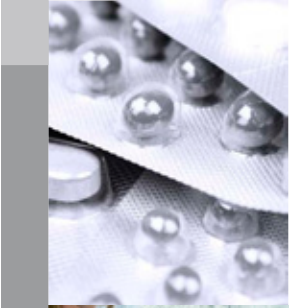


Aroma- therapy



Intervene & find out more

Introduction

The use of plant essential oils in aromatherapy has been recorded for thousands of years, but until recently there was very little formal evidence regarding the use of these treatments in people with dementia. Over the past few years a number of clinical trials have compared aromatherapy, principally using either lavender (*Lavandula angustifolia* or *Lavandula officinalis*) or lemon balm (*Melissa officinalis*), with inactive treatment. All of these studies demonstrated a significant impact on behavioural problems in patients with dementia, with negligible side-effects.

Does aromatherapy work?

Aromatic oils are, by definition, fragrant. A number of psychological responses to fragrant odours are possible, but they include the individual's perception of whether a particular odour is pleasant or unpleasant and the individual's past associations with that odour.

In most circumstances a high concentration of most odours, even when in small quantities they may be considered pleasant, can be considered unpleasant. Thus, an early study of healthy people using high levels of lavender (compared with no odour) found that cognitive functioning, particularly for arithmetic, was reduced by the lavender. However, a later study comparing the effects of lavender and jasmine on arithmetical and concentration tasks, using imperceptible or unnoticed levels of odour, found that lavender reduced the number of errors made in the arithmetical and concentration tasks (compared with the control and jasmine groups). This suggests that improvements are more likely to be seen if the aromatic oil is not in high concentrations that can be perceived as being unpleasant.

Individual experience of an odour may also affect response. The marked association of odours with emotional response is due to the prominence of afferent links from the olfactory bulb to the amygdala, where emotional significance is attached to incoming stimuli. Consequently, study participants for whom a particular odour has strong negative (or positive) associations may be expected to introduce further inter-individual variability in outcome measures.

Biological aspects

Unlike psychological mechanisms, the pharmacological mechanism for aromatherapy is not thought to involve any perception of the odour. Here the effects are thought to be due to the compounds entering the body and acting directly on the brain, i.e. via the bloodstream by

absorption through the lungs or olfactory mucosa. That aromatherapy might have its effects in the absence of any psychological perception of the smell is important, since many people with dementia may be anosmic because of the early loss of olfactory neurons.

Further, a 2002 study in the *Journal of Clinical Psychiatry* showed a 35% improvement in agitation, most often exhibited in decreased signs of restlessness and shouting when using aromatherapy in Alzheimer's patients.

How does aromatherapy work?

Psychological aspects:

- + The individual's perception of the pleasantness of an odour
- + The individual's past association with an odour

Neurochemical effects:

- + Inhibition of glutamate binding
- + GABA augmentation
- + Acetylcholine receptor binding

Get you started

Instructions

Things You'll Need:

- + Essential oils
- + Lotion
- + lemon slices
- + orange slices
- + coffee beans
- + small containers
- + air diffuser
- + handkerchief or tissue

Step 1

Give hand massages. Combining a variety of essential oils and the act of touch can bring someone suffering from Alzheimer's a sense of relaxation and well being. For patients in late stages of the disease process, essential oils are critical, instead of using a scented lotion. The oil is directly absorbed into the skin and blood stream with the ability to cross the blood brain barrier—lotions and moisturizers are unable to achieve this effect. The essential oils continue to aid in relaxation when scent

receptors are no longer working-such as those in the late stages of dementia or Alzheimer's disease.

Step 2

Spray citrus spray onto a handkerchief or tissue in the morning. Allow an Alzheimer's patient to hold and smell the tissue. Citrus has natural energizing and uplifting properties. The aroma commonly stimulates appetite and energy.

Step 3

Incorporate air diffusers that release essential oils such as lavender. The diffusers can be used in bathrooms to disperse lavender scents while showering, as well as sitting areas and private rooms.

Step 4

Use aroma to trigger memories for dementia patients. Have a variety of canisters or plastic jars available. Fill each jar with items including coffee beans, fresh rose petals and slices of lemon. Allow patients to smell the aroma as well as touching the items for tactile stimulation and aroma.