

THE USE OF COMPLEMENTARY THERAPIES IN PALLIATIVE CARE: BENEFITS AND PURPOSES*

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ABSTRACT: This exploratory-descriptive study was an excerpt from the research project undertaken in 2011 to 2012, and aimed to analyze the use of complementary therapies in palliative care by Brazilian institutions accredited with the Brazilian and Latin-American Associations of Palliative Care. Data collection, with six representatives of the health services, occurred through a semi-structured questionnaire. The data were analyzed quantitatively using simple percentages, and qualitatively, based in Content Analysis. The results revealed that music therapy, acupuncture and massage were the modalities used most in palliative care; the complementary therapies, allied with conventional treatment, help to relieve the patients' anxiety, depression and pain, promoting relaxation, and facilitating the relationship with, and the interaction between, professional-patient-family. Thus, the use of the complementary therapies in palliative care must be valued and used by trained professionals, as it contributes to improving quality of life.

DESCRIPTORS: Palliative care; Complementary therapy; Nursing.

A UTILIZAÇÃO DAS TERAPIAS COMPLEMENTARES NOS CUIDADOS PALIATIVOS: BENEFÍCIOS E FINALIDADES

RESUMO: Estudo exploratório-descritivo que foi parte de recorte de um projeto de pesquisa realizado em 2011 e 2012, teve por objetivo analisar a utilização das terapias complementares nos cuidados paliativos pelas instituições brasileiras credenciadas nas Associações Nacionais e Latino-Americana de Cuidados Paliativos. A coleta de dados, com seis representantes de serviços de saúde, se deu por meio de um formulário semiestruturado. Os dados foram analisados quantitativamente utilizando-se percentagem simples e, qualitativamente, apoiou-se na Análise de Conteúdo. Os resultados revelaram que a musicoterapia, acupuntura e massagem foram as modalidades mais utilizadas nos cuidados paliativos; as terapias complementares, aliadas ao tratamento convencional, ajudam a aliviar a ansiedade, a depressão e a dor dos pacientes, promovendo relaxamento e facilitando a relação e a interação entre profissional-paciente-família. Assim, o uso das terapias complementares nos cuidados paliativos deve ser valorizado e empregado pelos profissionais habilitados, uma vez que colabora para melhora da qualidade de vida.
DESCRIPTORIOS: Cuidados paliativos; Terapias complementares; Enfermagem.

LA UTILIZACIÓN DE LAS TERAPIAS COMPLEMENTARIAS EN LOS CUIDADOS PALIATIVOS: BENEFICIOS Y FINALIDADES

RESUMEN: Estudio exploratorio descriptivo que hizo parte de recorte de un proyecto de investigación realizado en 2011 y 2012 cuyo objetivo fue analizar la utilización de terapias complementarias en los cuidados paliativos por las instituciones brasileñas habilitadas en las Asociaciones Nacionales y Latinoamericanas de Cuidados Paliativos. Los datos fueron obtenidos con seis representantes de servicios de salud por medio de formulario semiestructurado. Fueron analizados de modo cuantitativo utilizándose porcentaje simple. Cualitativamente, se apoyó en el Análisis de Contenido. Los resultados revelaron que la musicoterapia, acupuntura y masaje fueron las modalidades más utilizadas en los cuidados paliativos; las terapias complementares, aliadas al tratamiento convencional, ayudan a aliviar la ansiedad y la depresión y el dolor de los pacientes, promoviendo relajamiento y facilitando la relación y la interacción entre profesional-paciente-familia. De ese modo, el uso de las terapias complementares en los cuidados paliativos debe ser valorado y empleado por los profesionales habilitados, una vez que colabora para mejorar la cualidad de vida.
DESCRIPTORIOS: Cuidados paliativos; Terapias complementares; Enfermería.

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INTRODUCTION

Currently, the concept of incurability of an illness does not indicate the end of the treatment, but, rather, the need to change the objectives in the approach. The principles of Palliative Care present fundamental elements and ideas for meeting the real needs of the population affected, principally, by chronic noncommunicable diseases⁽¹⁾.

The World Health Organization (WHO) defined Palliative Care as

an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual^(2:16).

In this way, the WHO emphasizes – in this contemporary concept – the participation of the family and of the care geared towards the person's multidimensionality. Considering the need for active and total care, the complementary therapies are useful in palliative care, as they aim to provide holistic care to the individual, encompassing her physical, social, emotional and spiritual aspects.

The use of the complementary therapies is increasingly common, as people who face the challenge of incurable diseases are attracted by the opportunity to have other possibilities of care. In the light of this perspective, the demand for these therapies aims to assist the conventional treatment and improve quality of life. The use of the same must not be exclusive nor excluding, but integrating, due to the therapies being compatible with the principles of palliative care and being related to the individual's autonomy⁽³⁾.

At the end of the 1970s, with the aim of encouraging the creation of policies directed towards complementary practices, the WHO instituted the Traditional Medicine Program. Through reports and resolutions, it advertised its interest in encouraging the Member-states to legislate public policies for the rational and integrated use of traditional medicine and complementary/alternative medicine in their national health care systems. At the same time, the undertaking of scientific studies promoting knowledge regarding the safety,

efficacy and quality of this therapy was incentivized⁽⁴⁾.

In 2003, in Brazil, the construction of the National Policy on Integrative and Complementary Practices (PNPIC, in Portuguese) was initiated, with the aim of complying with the directives and recommendations of various National Health Conferences, and with the recommendations of the WHO. The PNPIC, in the Unified Health System (SUS), was approved in February 2006 and published in the form of the Ministerial Ordinances N. 971 on 3rd May 2006 and N. 1,600, of 17th July 2006⁽⁴⁾.

Based on these observations; of the current health scenario; of the increasingly significant increase in people with incurable progressive illnesses, requiring holistic care; of the holistic approach of the complementary therapies and of palliative care, the researchers identified the importance of this research, aiming to analyze the use of the complementary therapies in palliative care by the Brazilian institutions accredited with the Brazilian and Latin-American Associations of Palliative Care.

METHOD

This research is exploratory and descriptive, with a qualitative and quantitative approach, and was participated in by hospital institutions, home care services, interconsultation teams and other types of palliative care services from the Brazilian territory, which use complementary therapies and which accepted to participate in the research. This study is an excerpt from a Scientific Initiation Project financially supported by the Bahia State Research Support Foundation, which was titled "The Brazilian Scenario of the Use of Complementary Therapies in Palliative Care", which was undertaken in the years of 2011 and 2012.

In order to identify the institutions, a search was made of the palliative care services registered with the National Academy of Palliative Care, the Latin-American Association for Palliative Care and the Brazilian Association for Palliative Care, using the sites of the above-mentioned associations, with 86 institutions being found registered.

Of the institutions identified, it was possible to establish contact with 73 (84.9%) health services.

Of these, 56(76.7%) used palliative care and 17(23.3%) did not, in spite of being registered with the associations consulted. Of the 56(100%) institutions with an active palliative care service, only 14(25%), made use of complementary therapies, with eight (57.1%) being located in São Paulo, two (14.3%) in Bahia, and one (7.1%) in each of the states of Rio de Janeiro, Espírito Santo, the Federal District, and Alagoas.

Initially, an informal invitation was made by telephone to the institutions which made use of complementary therapies in palliative care. The same were invited to participate in the study, the request being made that a professional who worked in the service should answer a questionnaire. However, two (14.3%) declined to participate, six (42.8%) did not answer, even following various attempts at contact by telephone and email, and, finally, six (42.8%) answered the research questionnaire. As a result, only these were included in the study, these being two (33.3%) in São Paulo, one (16.7%) in Rio de Janeiro, one (16.7%) in the Federal District, one (16.7%) in Alagoas and one (16.7%) in Bahia.

The data collection instrument was a semi-structured questionnaire with objective and subjective questions, sent by email, along with the terms of consent and an invitation letter which identified the researchers, explained the objective of the research, and emphasized the voluntary nature of participation in the study. It was considered that once the professional responded to the email, the same was agreeing to participate in the study, the return of the signed terms of consent not being obligatory.

The professionals who responded to the questionnaire were two (33.3%) physicians, two (33.3%) nurses, one (16.7%) physiotherapist, and one (16.7%) administrator.

The data were collected following the approval of the Ethics Committee of the Bahian School of Medicine and Public Health, with protocol N. 254/2011, ensuring that all the ethical aspects were acceptable⁽⁵⁾. The quantitative data were tabulated, treated statistically, and presented through simple percentages, using the Microsoft® Excel 2010 program; while the qualitative data were analyzed using Content Analysis⁽⁶⁾.

Following the construction of the corpus it was possible to undertake skim reading and exhaustive reading of texts present in the questionnaires

sent, taking excerpts and undertaking a general summary. The central ideas were conceptualized in association with the most relevant writings on the issues and, finally, the material was analyzed and organized in thematic categories, using the theoretical framework related to the issue.

RESULTS

In analyzing the six participants' responses to the research questionnaire, it was possible to group the findings in two categories: the complementary therapies used in palliative care; and, the benefits and purposes of complementary therapies in palliative care.

The Complementary Therapies Used in Palliative Care

In relation to the modalities of the complementary therapies used by the participating institutions, 14 were mentioned, with emphasis on: music therapy, mentioned by 100% of institutions, followed by acupuncture and massage, by 67% (Table 1).

Table 1 – The Complementary Therapies used in Palliative Care. Salvador-BA-Brazil, 2011-2012

Therapies	n	%
Acupuncture	4	67
Ear acupuncture	1	17
Chromotherapy	1	17
Do-In	1	17
Phytotherapy	1	17
Yoga	1	17
Massage	4	67
Meditation	1	17
Music therapy	6	100
Reflexology	1	17
Reiki	3	50
Shiatsu	1	17
Dance Therapy	1	17
Therapeutic touch	1	17
Visualization	2	33

The Benefits and Purposes of the Complementary Therapies in Palliative Care

The main purposes of the use of the complementary therapies used by the participating institutions were: complementing the clinical treatment, and the relief of the symptoms – in particular, emphasis was placed on anxiety (100%), followed by depression and pain, with 83% (Table 2).

Table 2 – Symptoms relieved through the use of Complementary Therapies in Palliative Care (N=6) – Salvador-BA-Brazil, 2011-2012

Symptoms	n	%
Anxiety	6	100
Constipation	2	33
Depression	5	83
Diarrhea	1	17
Dyspnea	2	33
Pain	5	83
Incontinence	1	17
Insomnia	2	33
Nausea and Vomiting	3	50
Heartburn	1	17
Hiccups	2	33

In relation to the benefits of the use of complementary therapies, in the patients receiving palliative care, the following were mentioned: promotion of relaxation; and the opportunity for contact with the patient and establishment of a professional-patient relationship. These therapies are also used for avoiding isolation and depression; for facilitating interaction between the patient and family; for allowing improvement in the quality of life, and for optimizing the effect of the medications for controlling pain. Music therapy was cited as assisting in building relationships and fraternization with family members, promoting times of pleasure and relaxation for the patients and their family members. Excerpts of the interviewees' statements mention this information:

They strengthen the effect of pain-control medications, and assist in the control of various symptoms, including those which are not reported to the doctor, and, mainly, they allow an improvement in the quality of life. (Questionnaire 1)

They promote integration between the patient, caregivers and multidisciplinary team. They alleviate anxiety, depression and pain. (Questionnaire 2)

They promote relaxation, relief of cancer pain, and – above all – the opportunity for contact which the patient receives. We are certain that this is essential in the Palliative Care which we have practiced since 1997. (Questionnaire 3)

It complements the treatment of the symptoms with rare adverse effects, and the music therapy, in particular, facilitates interaction between the patient and family. (Questionnaire 4)

It allows relaxation, and greater closeness in the professional-patient relationship, avoiding the isolation and the depression which is so common in this phase. (Questionnaire 5)

The music therapy promotes moments of pleasure and relaxation for the patients and their family members. (Questionnaire 6)

DISCUSSION

In spite of being relatively incipient, in comparison with other countries such as the United Kingdom, the United States and Argentina, palliative care in Brazil is presenting a gradual quantitative increase of health units which use its principles⁽⁷⁾.

Regarding the use of complementary therapies in palliative care, one can observe a number of publications which encourage the use of the same. One study undertaken in the state of Texas-USA identified that of the 110 hospices which participated in the study, the majority (56.4%) offered some type of complementary therapy to their clients⁽⁸⁾. Another investigation with 30 Italian palliative care services revealed that all practiced at least one modality⁽⁹⁾.

The complementary therapies are considered to be therapies which promote the relief of the physical, psychological and emotional symptoms. Pain is the most common cause of suffering and incapacity, affecting millions of people worldwide. It is considered the most frequent symptom in

patients beyond the therapeutic possibilities of a cure, and causes great discomfort, directly interfering in their quality of life⁽¹⁰⁾.

In this study, the complementary therapies are used for controlling pain and for depression by 5 (83%) palliative care services. A similar result was found in one systematic review, which showed that the presence of pain, depression, insomnia and gastrointestinal alterations are the main reasons for indicating complementary therapies in the population in general⁽¹¹⁾. Equally, the results also revealed that complementary therapies are used for relief of symptoms such as insomnia, constipation, hiccups and heartburn by two (33%) of the participating institutions⁽¹¹⁾.

Corroborating these data, one study demonstrated that the most common conditions which lead clinical physicians to use complementary therapies in patients receiving palliative care are: pain syndromes, psychological conditions, and chronic diseases in general⁽¹²⁾.

Besides pain, other symptoms – such as fatigue, dyspnea, cognitive alterations, loss of appetite, cachexia, nausea and depression – are presented concomitantly, causing intense suffering, incapacity, and impairment of quality of life. Attention to all of these symptoms is essential in palliative care⁽¹³⁾.

The prevalence of fatigue can reach 95% in people with cancer⁽¹⁴⁾. The services participating in the study, however, did not specifically refer to the use of complementary therapies for relief of this symptom, which has a major impact on the patient's well-being. It may be that one of the reasons may be the scarce diagnosis and treatment of fatigue offered by medical professionals⁽¹⁴⁾.

Nausea and vomiting are also predominant symptoms in patients receiving palliative care, being able to cause psycho-physiological alterations⁽¹⁵⁻¹⁶⁾. In one investigation of the use of subcutaneous infusion in patients receiving palliative care, nausea and vomiting were present in over 50% of the patients⁽¹⁶⁾.

In accordance with some investigations^(11,16), the participants reported that complementary therapies can help to deal with stress, improve mood, give them a greater sense of control and reduce the discomfort associated with the disease and the treatment. Furthermore, the therapies have the potential to reduce the adverse effects of the drugs used in the treatment. This mode of

treatment does not necessarily provide a “cure for all”, but it promotes a feeling of well-being, which contributes to an experience of being which is more in harmony with life.

Another symptom indicated by 33% of the participants was dyspnea, which can be alleviated through the use of complementary therapies. One study shows that it affects approximately 21 to 90% of cancer patients, with or without pulmonary involvement⁽¹⁷⁾.

Music therapy was mentioned by all the participating institutions (100%). Some authors emphasize the importance of music therapy in palliative care due to its diverse beneficial effects^(1,18). The simple act of listening to music can produce positive changes in mood, restore emotional peace and balance, strengthen the emotional expressivity of the being, and promote relaxation and the expression of feelings, such as: sadness, anger and mourning. Music is also a communication resource, which can establish the interpersonal relationship, and help to recover feelings and memories of the past, thus allowing well-being and comfort to the patient and to her caregivers/family members.

Music acts on the autonomous nervous system, functioning as a stimulus in competition with pain, causing the person to be distracted and to divert their attention. In this way, the painful stimulus is modulated, reducing the consumption of analgesics and relieving tension and stress, also being able to lead to moments of happiness and relaxation⁽³⁾. It is believed that the principal choice of this therapy may be related to its low cost, the greater availability of scientific publications which evidence its beneficial effects, and to its easy accessibility.

One randomized controlled study with 138 cancer patients analyzed that the use of massage associated with acupuncture and basic care in the postoperative period reduces complaints of pain and depressed mood⁽¹⁹⁾. Massage and acupuncture were also mentioned by four (67%) participants for controlling pain and depression.

Emphasis is also placed on the importance of the existence of trained professionals for undertaking complementary therapy. The nursing team, as it spends the most time in contact with the patient and her family members, can suggest its use in the routine of palliative care, as, as reported, complementary therapies allow greater

closeness in the professional-patient relationship (Questionnaire 5).

The affinity between the therapist and the patient, during the use of complementary therapies, as well as the intentional and authentic presence of this professional, can bring great benefits for the well-being of the person to be cared for(20). The patients' responses, in using these therapies, were facilitated by the interactions with the therapists who contributed not only to the model of caring, but also to the patients' experiences of feeling safe and cared for. The way of caring, and the use of these therapies, are made available to the patients with the objective of relieving the suffering caused by the disease, and allowing them to experience a rebirth in the psycho-social/spiritual/emotional aspects.

FINAL CONSIDERATIONS

The process of identifying the institutions using palliative care in the Brazilian context, and the number of participants, was a limitation of the study, considering that not all the services are registered in the associations consulted – and that among them, not all effectively use complementary therapies.

Regarding the results, the study revealed that among the distinct modalities of the complementary therapies available, music therapy, massage and acupuncture are those used most among the participants. The purposes emphasized for the use of these therapies are to complement the conventional treatment, mainly in the control of psychological, emotional and physical symptoms, such as anxiety, depression and pain. As a benefit, evidence was provided of improvement of quality of life through the promotion of relaxation and pleasure, as well as strengthening of the link between patient/family/professional.

In spite of the extreme importance identified in the use of complementary therapies, it seems to us that this therapy remains little integrated into the context of the care provided to the patient receiving palliative care in Brazilian health institutions.

Finally, the study contributes to the recognition of the potential and legitimacy of age-old therapies in the ambit of palliative care, as it provides the evidence, in the praxis, of the benefits of the complementary therapies in end-of-life care.

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