

Proffered papers

1341

ORAL

MUSIC THERAPY ON A CHILDREN'S CANCER WARD

*B. Griessmaier**Universitätskinderklinik, 60590 Frankfurt/Main, Germany*

The author will talk about her experience with music therapy as a means of psycho-social care in pediatric oncology. She has been working in the department for pediatric oncology at Frankfurt University hospital for the past 9 years and will show how music can help children to cope with physical, emotional and social problems occurring from the illness. She will give an overview over the positive effects of music as well to individual children and their families as to the whole atmosphere on a children's cancer ward in general.

1342

ORAL

AROMATHERAPY MASSAGE—DOES IT IMPROVE CANCER PATIENTS QUALITY OF LIFE?

*S. Wilkinson**Liverpool Marie Curie Centre, Liverpool, U.K.*

The use of aromatherapy in cancer care is increasing. There is little research to illustrate its effectiveness. A study was set-up to evaluate:

The effectiveness of massage and aromatherapy in improving the quality of life for patients with advanced cancer.

51 patients were randomly allocated to either 3 weekly full body massages with either carrier oil and essential or carrier oil only.

All patients completed—The Rotterdam Symptom Checklist (RSCL) pre & post therapy, the Spielberger State/Trait Anxiety Inventory (STAI) and a semi-structured questionnaire.

The data were analysed using SPSSX. The post test RSCL scores improved for both groups and were statistically significant for the aromatherapy group on the physical $P = 0.003$ and quality of life sub-scale $P = 0.005$. Patients perceived massage and aromatherapy massage to be very beneficial in reducing tensions, anxiety and pain.

1343

POSTER

THE UTILISATION AND KNOWLEDGE OF COMPLEMENTARY THERAPIES BY CANCER PATIENTS

*K. Leslie**Dept Clinical Haematology, St George's Hospital, London SW17 0QT, U.K.*

Complementary therapies may be defined as the "use of 'alternative therapies' to enhance the outcome of conventional medical care and potentially improve the patient's quality of life". Examples include Gentle touch, Massage, Aromatherapy, Healing.

A small nursing research project was undertaken to determine Cancer patients' knowledge and use of complementary therapies and to assess the value of any chosen therapies.

A total of 20 Cancer patients from an inpatient and outpatient Oncology setting in a large teaching hospital were selected for this study. A structured interview schedule was utilised to provide quantitative data for analysis or presentation.

Results show that all patients were familiar with at least one therapy. A number of subjects were using one or more therapy at the time of this study. The most popular being Yoga. The whole sample viewed these therapies as complementary rather than alternative. Those using complementary therapies believed that they were doing so as an additional form of treatment to their conventional medical care.

The findings convey a positive attitude by cancer patients towards complementary therapies and a desire for their increased availability. Patients believed that these therapies should be integrated into the National Health Service (NHS) because they perceive them to be beneficial to their quality of life.

Recommendations for the future include further integration of complementary therapies into the NHS. Specific guidelines could be developed to ensure scientific evaluation and safe practices by nurses and healthcare professionals.

1344

POSTER

LOOK GOOD, FEEL BETTER, A PROJECT OF THE COMPREHENSIVE CANCER CENTRE, ENSCHEDE

*J. van Somsbeek**Comprehensive Cancer Centre, Enschede, The Netherlands*

Patients with cancer discover behind fear, uncertainty in physical complaints, very often negative feelings of dejection, feelings of loss of control and an invasion of their self-esteem. The illness or its treatment can result in negative changes of the appearance.

Optimal quality of life is getting more and more attention in the care of cancer patients.

Because of this, the Comprehensive Cancer Centre in Enschede (Holland) started last year the project "look good, feel better". The goal of this project is to support patients who are not looking good as a result of the cancer or the treatment. It is very important that the consultation leads to a higher self-esteem and regains one's hold on life.

Within the project a skin-therapist is available for advice one morning every week. She can instruct and/or treat patients who suffer from ugly scars or other skin problems.

This summer the project will be evaluated. The results will be presented during the congress. Until now the project does fulfill the needs of patients. The consultation of a skin-therapist and her intervention do certainly decrease the negative results of the illness or the treatment.

1345

POSTER

PRACTICAL STEPS IN ESTABLISHING A THERAPEUTIC MASSAGE SERVICE

*B. Wilson**Clatterbridge Centre for Oncology, Bebington, Wirral L63 4JY, U.K.*

Massage has become one of the most popular complementary therapies. Many nurses are seeking training in this field as they recognise its potential. It is a useful tool to promote relaxation in patients with increased anxiety levels.

This presentation will describe the practical aspects involved in setting up a massage service at Clatterbridge Center for Oncology. Initially the proposal was approved by Unit Management, funding and study leave for suitable training was awarded. An operational policy, standard statement and referral system was established. Two sessions per week were identified and a room with appropriate facilities located. Sixty patients were treated on an out-patient appointment basis and were expected to receive at least three full body massages. Documentation was required to record patients progress.

Most studies have focused on physical symptom responses, pulse and BP reading or anecdotal evidence of individual cases. It is difficult to improve physical symptoms when many patients have progressive malignant diseases. Quality of life and anxiety scores proved a more useful approach. Difficulties arose when some patients attended for only one or two sessions for various reasons, or, patients declined a full body massage. In some cases full body massage was not appropriate e.g. when avoiding radiotherapy field, skin lesions, lymphoedema. A small proportion of patients were entered into a multi-centred study led by Dr. Susie Wilkinson at Liverpool Marie Curie Centre.

Feedback from patients has been very positive although this has been a small scale project it will highlight the main practical steps to assist others who wish to establish a service in other hospital/community settings.