

“Hands-on” Palliative Care: Integrating Massage Therapy for Palliative Care Patients in Pain



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Introduction

There is increasing momentum to address pain using multi-modal therapy, and national guidelines emphasize the value of nonpharmacologic interventions. Massage therapy is the most commonly offered nonpharmacologic option to improve quality of life, provide comfort and decrease pain and anxiety in palliative care (PC) settings outside the hospital. We created an integrated approach to provide massage therapy (MT) services to hospitalized PC patients in pain at MedStar Washington Hospital Center. The objective of this feasibility study was to measure the impact of MT on pain, medication use and satisfaction.

Methods

PURPOSE:

To study the feasibility of integrating therapeutic massage for hospitalized patients receiving PC and describe the impact of MT on the management of pain for PC patients.

AIMS:

1. To determine the feasibility of providing massage to hospitalized patients receiving palliative care in the hospital.
2. To collect pilot data on the impact of massage on pain management measures for hospitalized patients in moderate-severe pain receiving palliative care in the hospital.

Setting

MedStar Washington Hospital Center (MWHC), a 926 bed tertiary care academic medical center in Washington, DC.

Inclusion criteria:

- Palliative Consultation
- Capacity to make decisions
- Two or more PRN opioids in the last 24 hours
- Expected to stay in hospital 3 days post-enrollment

Exclusion criteria

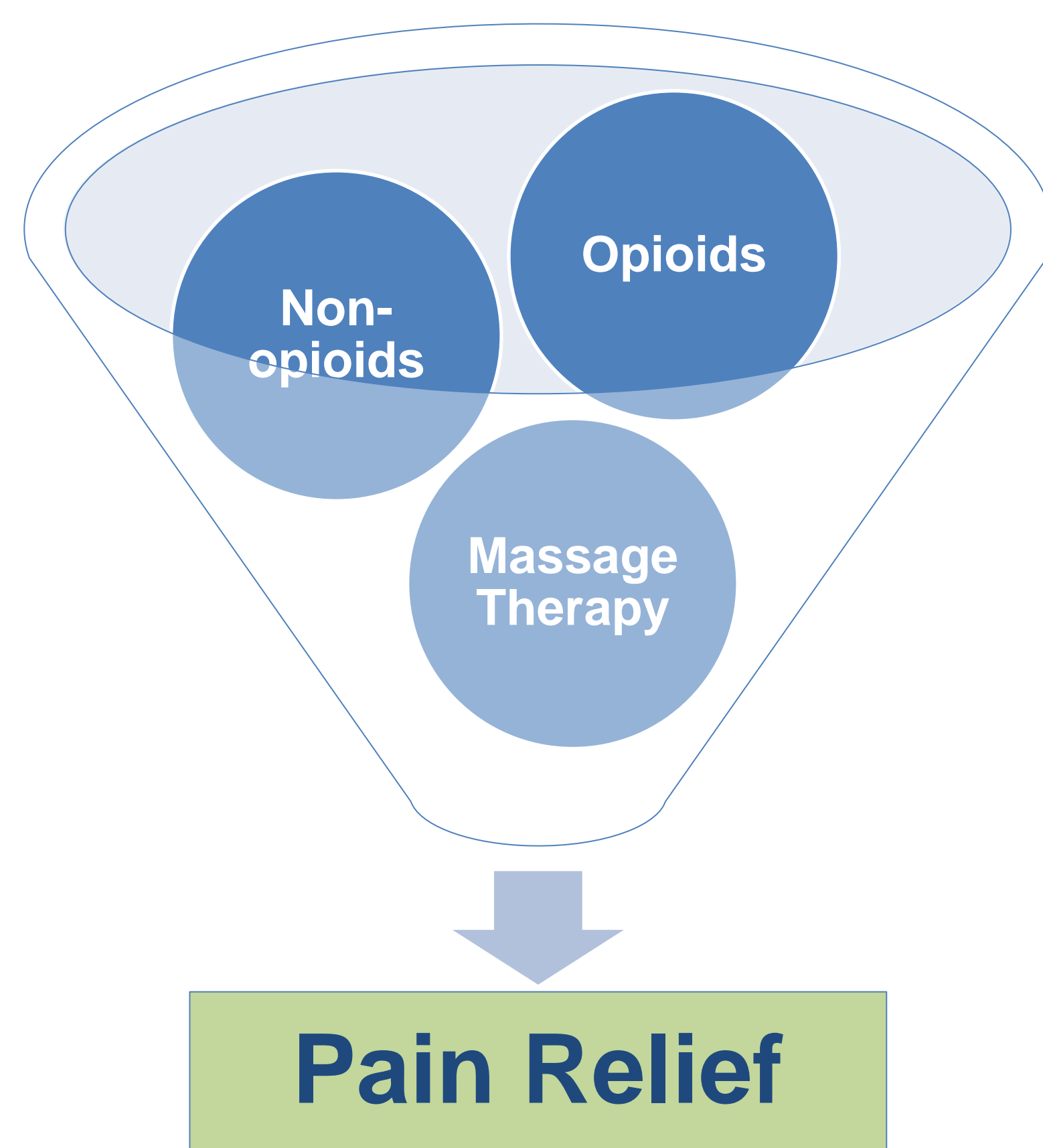
- Unable to communicate, complete surveys, or consent
- Fever
- Airborne precautions

Study Design:

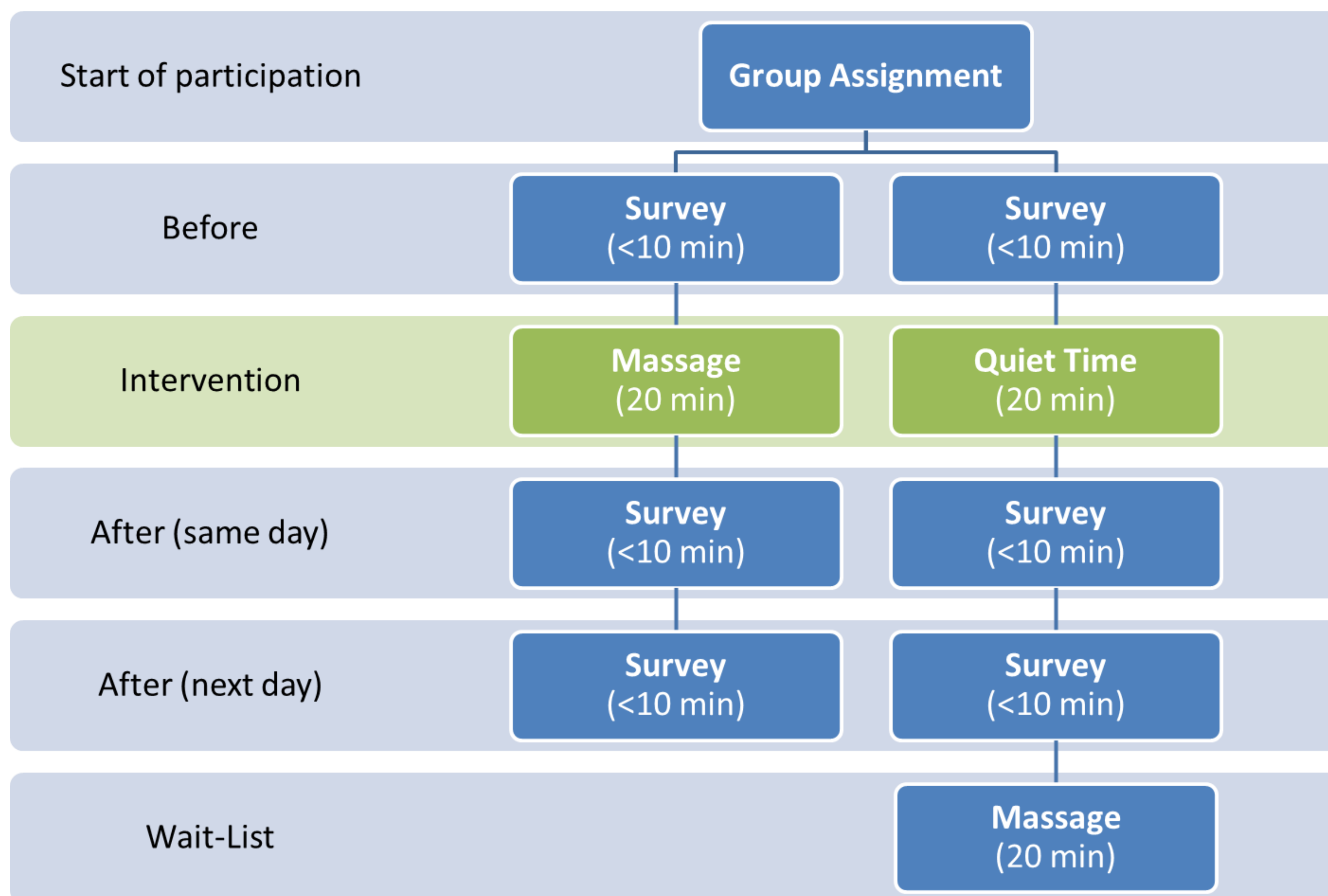
This prospective, randomized feasibility study included adult patients identified during PC rounds. They were approached and consented by research coordinator before randomization into group assignments:

1. 20 minute massage therapy (MT) session by a trained therapist OR
2. 20 minute quiet time (QT) session and wait-listed to receive MT

Patients completed surveys before and after the intervention as well as the following day to self-report description of pain, acceptability and satisfaction. Data was also pulled through EMR extractions including medication use 48 hours prior to and after intervention as well as nursing pain scores to measure the impact of MT on the use of analgesics. Quantitative data was collected from patients about their experience by the research coordinator. Descriptive statistics as well as pre/post intra and inter-group comparisons were made using t-tests (continuous data) and Chi-squared (categorical data).



Study Design



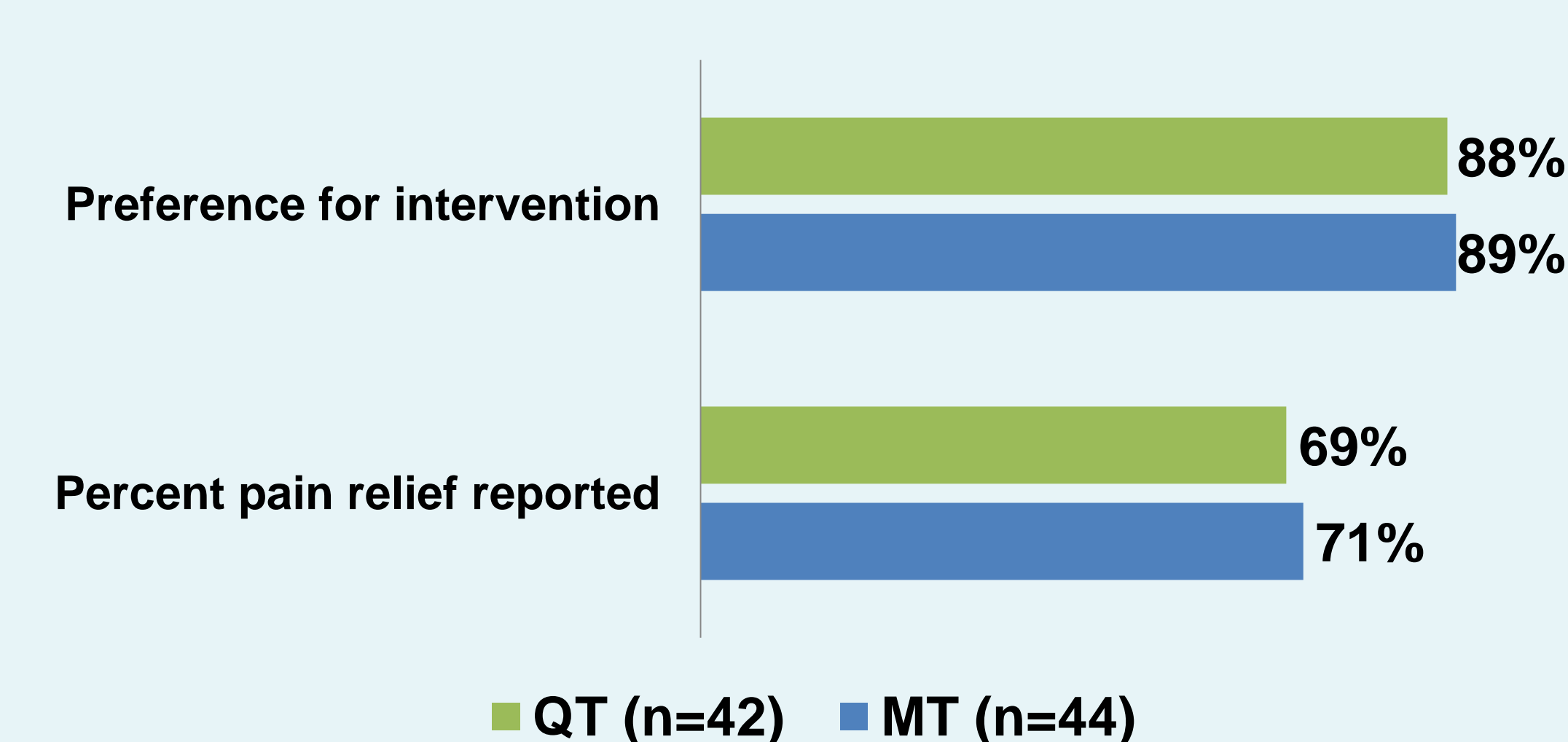
Measures Use for Data Collection

| | Pre | Post | Day After |
|--------------------|-----|------|-----------|
| BPI-SF modified | ✓ | | ✓ |
| Distress | ✓ | ✓ | ✓ |
| Patient Experience | ✓ | | ✓ |
| Pain Relief | | ✓ | |
| Pain Score | | ✓ | |
| Acceptability | | ✓ | ✓ |

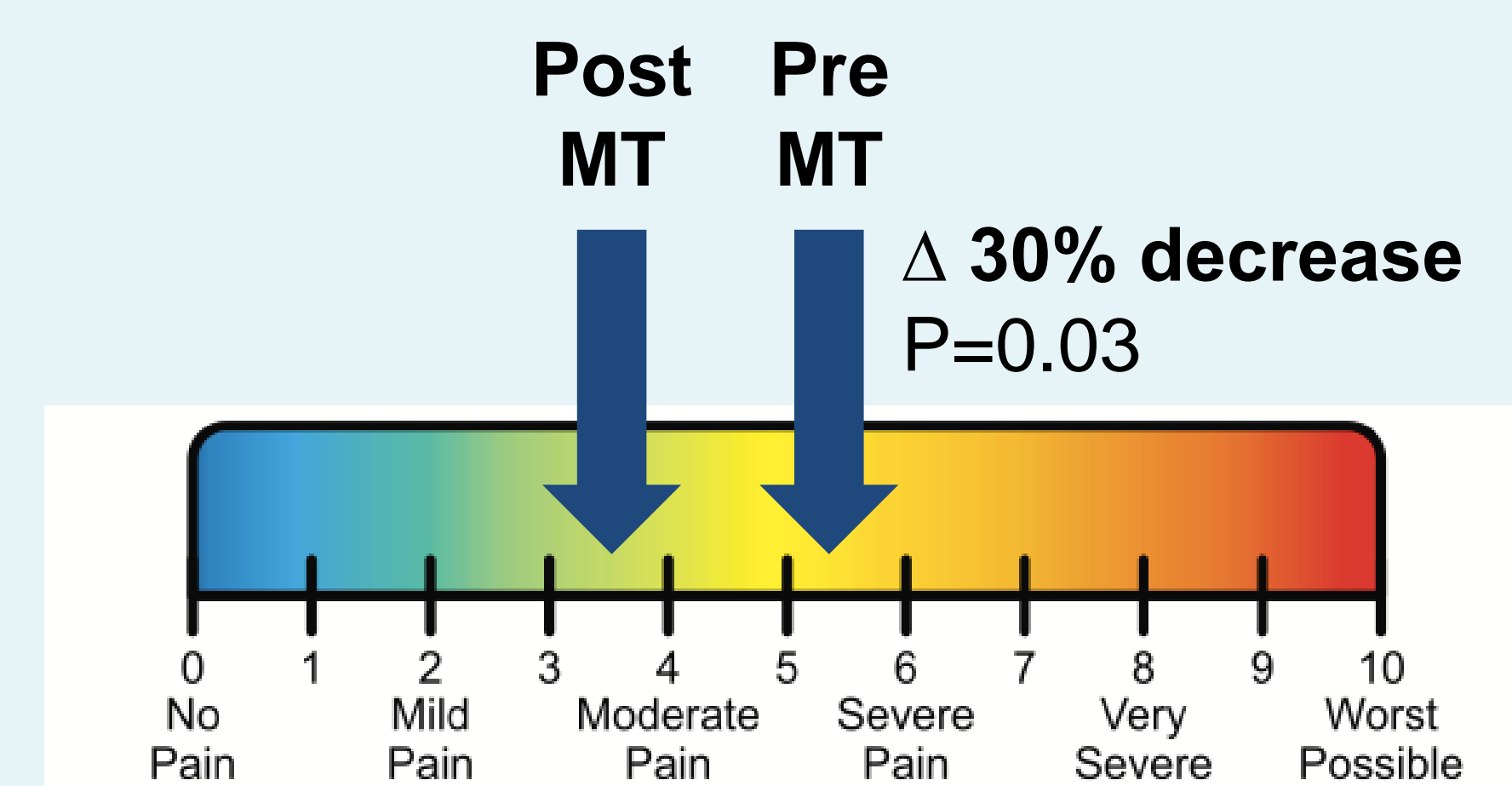
Pilot Study Results

| Description | Massage Therapy Group (n=44) | Quiet Time Group (n=42) | p-value |
|-----------------------------------|------------------------------|-------------------------------|---------|
| Average age (SD) | 54 (16) | 50 (16) | 0.25 |
| Male, % (n) | 41% (18) | 50% (21) | 0.40 |
| Race, % (n) | 80% (35) AA 6% (14) White | 67% (28) AA 24% (10) White | 0.36 |
| Average length of stay, days (SD) | 25 (18) | 21 (18) | 0.29 |

Satisfaction Measures



Change in Pain Scores



Patient Feedback

- Massage allowed her to be thoughtful and gave her a sense of control
- Enjoyed massage and entire protocol process; believes massage can be beneficial in hospital
- Really enjoyed massage and was inquiring about how he could get more in the future. Appreciated that he didn't have to move.
- Really enjoyed massage and fell right asleep after. Open to receiving more massages in future didn't have to move

Discussion

- This study represents a practical method of piloting the integration of MT into a busy PC service in a large teaching hospital. Based on pilot data, there appears to be high levels of satisfaction and acceptance related to both quiet time and massage. There was a significant decrease in pain scores following massage therapy.
- **Next Steps:** larger phase II “dosing study” underway to examine impact of massage therapy on wellbeing and quality of life and deliver approximately 1,000 massages
- **Limitations:** small sample size and lack of fidelity measures

Acknowledgements

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