

Massage Therapy for Hospitalized Patients Receiving Palliative Care

a randomized clinical trial

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Purpose

To examine the impact of different **massage dosing strategies** on quality of life and experiential chronic illness symptoms- including pain- in **hospitalized patients** receiving **palliative care** consultation.

Setting

MedStar Washington Hospital Center
912-bed academic hospital in Washington DC



Participants

Hospitalized adults receiving palliative care consultation, anticipated to stay at least 4 days

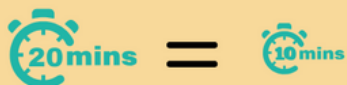


Takeaway

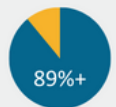
This study found that **frequency** (daily massage for three days) was **more influential** than **time** (one, 20-minute massage).



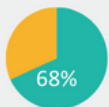
No significant difference was found between 10 and 20 minute sessions.



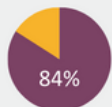
Highlights



Interest in receiving massage in the future



Pain controlled "often" or "very often" for the past 24 hours



Satisfaction with hospital staff related to pain control



Largest massage study for a patient population



Short term improvement in pain for all doses



Only dosing study on palliative care for any indication

Design

Arm I = one, 20-minute session
Arm II = three consecutive, 20-minute sessions
Arm III = three consecutive, 10-minute sessions

Long Survey

Questions:

- McGill
- ESAS
- Satisfaction

Taken:

- before the sessions for a baseline measure
- one day after the final session for follow up

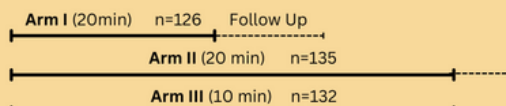
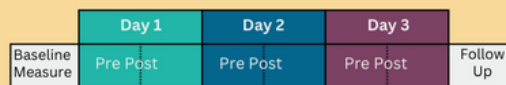
Short survey

Questions:

- Pain
- Distress
- Peace

Taken:

- directly before and after each session



Participants were randomly assigned to one arm

Measures

Difference between pre and post intervention

Primary

McGill Quality of Life (MQoL) Likert question:

"Considering all parts of my life- physical, emotional, social, spiritual, and financial- over the past 2 days, the quality of my life has been..."

very bad 1 2 3 4 5 6 7 8 9 10 excellent

Secondary

A. MQoL subscales:

- physical symptoms
- psychological symptoms
- outlook on life
- meaningful existence
- total MQoL score



B. Edmonton Symptom Assessment Scale (ESAS):

- Pain
- Tiredness
- Nausea
- Anxiety
- Depression
- Appetite
- Drowsy
- Short of Breath
- Wellbeing

C. National Comprehensive Cancer Network Distress Thermometer

"Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today."



D. Single-item Peace Questionnaire
"Are you at peace?"

E. Satisfaction with the assigned intervention



This Study DID



Randomize the arm assignment



Give all participants massage



Intend to bring comfort and improve quality of life



Tailor session to the needs of the patient



Follow established guidelines for hospital-based massage therapists



Use licensed, palliative-trained massage therapists



Use the Walton Pressure scale



Have participants continue to get standard medical care

This Study DID NOT



Use lay people, volunteers, or non-massage specialized clinicians



Have a "no massage" group



Focus on a specific condition, the impact on pain, or other specific symptoms



Blind subjects and the study coordinator to assigned interventions

Benefits of Using Palliative-Trained, Experienced Massage Therapists

- **Patient-centered** approach reflects clinical care best-practices and contributes to results being **real-world applicable**
- Able to focus treatment on individual participant preferences
 - **No manual protocol or verbal script used**
- Skilled at **collaborating** with medical and nursing teams to ensure intervention delivery **did not interfere** with hospital care
 - **Contributed to high study completion rate**
- Can **easily adjust** their work with participants around hospital bed/chair positioning or medical equipment present