

Complementary and alternative therapies and dementia

There are high levels of public interest in the various complementary and alternative therapies available today. Many people with dementia, and those who care for them, are interested in using these therapies as alternatives or additions to their conventional treatments, often due to the perceived benefits that they may bring and the image of being 'safe' and 'natural'. This factsheet explains what complementary and alternative therapies are, outlines several therapies for which there is some evidence of their effectiveness and describes how to access these treatments.

This factsheet only addresses therapies that have an evidence base and does not cover treatments for which there is no clinical evidence of effectiveness in dementia, even if they are widely used (such as homeopathy).

What are complementary and alternative therapies?

The term 'complementary and alternative therapy' covers many diverse forms of treatment.

Complementary and alternative therapies are a broad range of treatments that are outside of conventional medicine and are used to treat or prevent illness and promote health and well-being. Practitioners of complementary therapies are not trained to diagnose disease.

The area of complementary and alternative medicine is controversial and changes regularly. Therapies that are considered ‘complementary’ or ‘alternative’ in one country may be considered conventional in another. Therapies that are currently considered alternative may become more mainstream over time, as researchers discover their effectiveness and they become integrated into mainstream health care practice. Some complementary and alternative therapies are now available on the NHS, although this varies from region to region.

Using complementary and alternative therapy versus conventional medicine

Complementary and alternative therapy should only be used in addition to, not instead of, conventional medicine. If you decide to use complementary and alternative therapy it is important that you continue to see your doctor and keep them informed of the treatments you are having.

Although most complementary and alternative treatments have a good safety profile they are not 100 per cent safe and there are serious safety concerns about some therapies. For example, some herbal preparations may interact harmfully with conventional drugs. It is therefore very important that your doctor knows exactly what you are taking.

Don't be nervous about telling your doctor what you are using – awareness of complementary and alternative therapy is increasing among the medical profession, and most doctors are sympathetic to its use.

How widespread is complementary and alternative therapy?

At least one in four people in England are thought to have used complementary or alternative therapy in the past year. In recent surveys, 85 per cent of medical students, 76 per cent of GPs and 69

per cent of hospital doctors have said they feel that complementary therapies should be made available on the NHS. This widespread interest helps to encourage research in the area.

One common concern is the difficulty in regulating such a varied range of treatments. Most forms of complementary and alternative therapy have one or more governing bodies, which set standards for the training and services provided and codes of conduct for practitioners. However, these are often self-regulated and membership tends to be voluntary. A report by the House of Lords in 2000 called for more regulation, and research to investigate effectiveness and safety. However, current regulation is still patchy.

In 2008 the Department of Health funded the Prince's Foundation for Integrated Health to set up the Complementary and Natural Healthcare Council to regulate 12 alternative therapies, such as aromatherapy, reflexology and homeopathy (see 'Useful organisations' at the end of this factsheet). This may serve to improve regulation in some areas, however some commentators have argued that, as membership is not mandatory, this regulation will be of doubtful value.

Can complementary and alternative therapy be used to treat dementia?

There is little high-quality research into the treatment of dementia with complementary and alternative therapy. However, research on a number of therapies is providing some interesting preliminary results and these are described in this factsheet. There are other types of therapies that may have potential but as there is currently no evidence about their effectiveness, they are not listed here. Only you can decide whether you should try complementary and alternative therapy, but by following the information in this factsheet you can make an informed decision.

The symptoms of dementia are numerous and change over time, but most types of dementia have some symptoms in common. If you are

thinking about which complementary or alternative therapy may be most suitable, it is important to consider which specific symptoms you want to treat. The aims of treatment range from improving memory to providing relaxation.

How can I get access to complementary and alternative therapy?

The first person to speak to about accessing complementary and alternative therapy is your doctor. They may be able to tell you about the evidence, refer you through the NHS or offer advice on good practitioners in your area. The bodies listed in 'Useful organisations' at the end of this factsheet can provide details of therapists in your area. What should I look for in a practitioner?

It is advisable to find a practitioner who is registered with a governing body. It is also vital that you trust and feel comfortable with the person, as the therapeutic relationship forms an important part of complementary and alternative therapy. At the first meeting, you should ask:

- what the treatment will involve
- the frequency and number of visits that the treatment is likely to require
- the cost of the treatment
- the results you can expect to receive from the treatment
- the risks of the treatment.

A good practitioner should encourage continued care with your doctor and may even liaise with them. They should also have a realistic attitude towards the therapy. For example, they should talk through the likelihood of the treatment having no effect, or possible side-effects, as well as potential benefits. Make sure you tell them about any conventional medications you are taking.

Specific treatments

The remainder of this factsheet looks at a range of therapies, listed in alphabetical order, which may be effective in addressing certain symptoms associated with dementia.

Acupuncture

Acupuncture originated in China and views health disorders as resulting from imbalances in the flow of energy ('chi' or 'qi', pronounced 'chee') around the body. Acupuncture is said to unblock the energy pathways ('meridians') to restore functioning. Practitioners insert very fine needles into the skin to produce the therapeutic effect.

As acupuncture has grown more popular in the West, theories about it based on Western models of medicine have developed. For example, some practitioners believe that it reduces local muscle tension, or that it affects the way the body reacts to pain. Both traditional and more modern forms of acupuncture are practised in the UK.

A number of studies have addressed the use of acupuncture for treating Alzheimer's disease and vascular dementia, and for associated mental problems, such as depression and insomnia. These studies all report positive effects, but they are generally not very well conducted, and better studies are needed to confirm these preliminary findings.

For practitioners of more traditional forms of acupuncture, contact the British Acupuncture Council. Alternatively, you may consider seeing an acupuncturist who is also a doctor (contact the British Medical Acupuncture Society) or chartered physiotherapist (contact the Acupuncture Association of Chartered Physiotherapists).

Aromatherapy

Aromatherapy is based on the theory that essential oils, derived from plants, have beneficial properties. The oils used are concentrated and

it is important to use them according to instructions, for example diluting them before applying to the skin. The oils may be:

- applied directly to the skin, often accompanied by massage (see 'Massage', below)
- heated in an oil burner to produce a pleasant aroma
- added to a bath.

There is some evidence that aromatherapy may be effective in helping people with dementia to relax and that certain oils may have the potential to improve cognition in people with Alzheimer's disease. Research has highlighted the potential benefits of aromatherapy, specifically the use of lemon balm (*melissa officinalis*) and lavender oil, in the treatment of Alzheimer's disease. However, there is currently insufficient evidence to state categorically whether or not it is beneficial.

For further information, contact the International Federation of Aromatherapists.

Bright light therapy

Sleep disorders and disruptive nocturnal behaviour are commonly associated with dementia and present a significant clinical problem. These include a characteristic pattern of sleep disturbance referred to as 'sundowning' – increased arousal and activity, usually in the late afternoon, evening or night – which many people caring for people with dementia find very stressful.

Bright lights have been found to be beneficial as a treatment for sleep disturbances associated with dementia. In bright light therapy, a person sits in front of a light box that provides about 30 times more light than the average office light, for a set amount of time each day. One small but well-conducted study showed promising effects of bright light therapy on restlessness and disturbed sleep for people with dementia.

A more recent study showed that using stronger general lighting in care homes improved cognition in people with dementia, enhanced their sense of night and day, enabled them to sleep better, and reduced levels of depression.

Current findings indicate that bright light therapy may benefit people with dementia, but further research is needed.

Herbal medicine

Herbal medicine uses plants to restore or maintain health. There is often variation in the quality and, therefore, the levels of the active constituents of herbal products. Since April 2011, all manufactured herbal medicines have to be registered under a new scheme, known as the Traditional Herbal Registration (THR). If you are interested in self-medication, consult your doctor first, and buy a recognised brand by a leading manufacturer.

‘Phytomedicine’ is a term often used to denote a more scientific approach to herbal medicine, in which products are standardised and concentrated so that they contain specified amounts of the identified active substances in the herbal products. More rigorous research is usually undertaken within this area.

Branches of herbal medicine include Western herbal medicine, Chinese traditional medicine, and kampo, a Japanese variant of Chinese medicine. The following herbs may have some effect on symptoms associated with dementia:

- **Choto-san** – Two studies into this kampo (see above) mixture, which contains 11 medicinal plants, have found that it improved a range of symptoms in people with vascular dementia. Further research on this preparation seems justified.
- **Kami-Umtan-To (KUT)** – This is another kampo mixture, which contains 13 different plants. A clinical trial found a slower decline in the group of people with Alzheimer’s disease given this preparation

- **Yizhi capsule (YZC)** – Initial studies on the use of this Chinese traditional herbal medicine in patients with vascular dementia have reported positive results, although the studies were not of a high standard. Further research into this preparation seems justified, but for now the evidence is inconclusive.
- **Ginkgo biloba extract** – Until recently it was thought that ginkgo biloba could be effective at slowing down the progression of dementia and the remedy still has its proponents. However, a study carried out in 2008 found that it has no effect and this was confirmed by reviews of a larger number of small studies.

To consult a Western herbalist, contact the National Institute of Medical Herbalists. For a Chinese herbalist contact the Register of Chinese Herbal Medicine.

Massage

There are many types of massage, but common across all of them is the hands-on manipulation of the body's soft tissue by the practitioner. Massage is often used alongside aromatherapy (see 'Aromatherapy', above).

There is much anecdotal evidence that massage can help manage symptoms associated with dementia such as anxiety, agitation and depression, but studies have not been sufficiently rigorous to provide solid proof. It does seem likely that massage interventions may well be beneficial, but further research is required.

For more information, contact the General Council for Massage Therapies.

Music therapy

Music can have a powerful effect on a person's state of mind. Music therapy uses music and other sound (such as 'white noise') to restore or improve a person's sense of well-being.

Treatment usually involves playing music or sounds that the person enjoys for up to 30 minutes in a quiet room. Someone else should be present for at least some of the time to make sure that the person with dementia is comfortable and happy with the level of sound. They can also make comments linking the sounds to the person's experiences and can encourage the person to join in with the rhythms or sing along. If there is a certain time of the day when the person with dementia becomes agitated, music therapy can be scheduled just before this time.

A review of music therapy for dementia concluded that, based on the available evidence, it is unclear whether or not music therapy is beneficial for people with dementia.

For more information about music therapy, contact the British Association for Music Therapy. Music therapists should also be registered with the Health Professions Council.

TENS

TENS (transcutaneous electrical nerve stimulation) involves applying a mild electrical current through electrodes stuck to the skin. The treatment can produce a prickling sensation but is not painful. It is often used for pain control, for example during labour.

A number of studies have suggested that the use of TENS machines may produce short-lived improvement in some of the behavioural aspects of dementia. The data available suggests that TENS may be beneficial, but the results are not yet conclusive.

TENS machines are available to buy or hire from many high-street chemists.

For details of Alzheimer's Society services in your area, visit alzheimers.org.uk/localinfo

For information about a wide range of dementia-related topics, visit alzheimers.org.uk/factsheets

Useful organisations

Acupuncture Association of Chartered Physiotherapists

Southgate House
Southgate Park
Bakewell Road
Orton Southgate
Peterborough PE2 6YS
T 01733 390 006
E sec@aacp.uk.com
W www.aacp.uk.com

Clinical interest group of the Chartered Society of Physiotherapy. Provides details of practitioners in your local area via its website.

British Acupuncture Council

63 Jeddo Road
London W12 9HQ
T 020 8735 0400
E info@acupuncture.org.uk
W www.acupuncture.org.uk

The UK's main regulatory body for the practice of traditional acupuncture. Provides details of practitioners in your local area via its website.

British Association for Music Therapy

24–27 White Lion Street
London N1 9PD
T 020 7837 6100
E info@bamt.org
W www.bamt.org

The representative organisation for music therapy and music therapists in the UK.

British Dietetic Association

5th floor
Charles House
148/9 Great Charles Street
Queensway
Birmingham B3 3HT
T 0121 200 8080
E info@bda.uk.com
W www.bda.uk.com

The professional association for registered dietitians – the only qualified health professionals that assess, diagnose and treat diet and nutrition problems.

British Medical Acupuncture Society

Royal London Hospital for Integrated Medicine
60 Great Ormond Street
London WC1N 3HR
T 020 7713 9437
E bmaslondon@aol.com
W www.medical-acupuncture.co.uk

Charity established to encourage the use and scientific understanding of acupuncture within medicine. Provides details of regulated healthcare professionals who practise acupuncture within the scope of their professional practice via its website.

Complementary and Natural Healthcare Council

83 Victoria Street
London SW1H 0HW
T 020 3178 2199
E info@cnhc.org.uk
W www.cnhc.org.uk

The UK regulator for complementary healthcare practitioners.

General Council for Massage Therapies

27 Old Gloucester Street
London WC1N 3XX
T 0870 850 4452
E info@gcmt.org.uk
W www.gcmt.org.uk

Non-profit-making body comprising the major professional associations in massage therapy. Provides details of practitioners in your local area via its website.

The Health and Care Professions Council

Park House
184 Kennington Park Road
London SE11 4BU
T 020 7582 0866
E info@hpc-uk.org
W www.hpc-uk.org

Regulator that maintains a register of practitioners who meet its standards for training, professional skills, behaviour and health, within the following health professions: arts therapists, biomedical scientists, chiropodists and podiatrists, clinical scientists, dietitians, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, prosthetists/orthotists, radiographers, and speech and language therapists.

International Federation of Aromatherapists

20 A The Mall
Ealing Broadway
London W5 2PJ
T 020 8567 2243
E info@ifaroma.org
W www.ifaroma.org

Charity and governing body for professional aromatherapy around the world. Provides details of practitioners in your local area via its website.

Kailash Centre

7 Newcourt Street
London NW8 7AA
T 020 7722 3939
E info@kailashcentre.org
W kailashcentre.org

Centre for traditional Asian medicine including Kampo (Japanese herbal medicine).

National Institute of Medical Herbalists

Elm House
54 Mary Arches Street
Exeter EX4 3BA
T 01392 426 022
E info@nimh.org.uk
W www.nimh.org.uk

Professional body representing herbal practitioners. The institute is self-regulating and run on a voluntary basis. Provides details of practitioners in your local area via its website.

Register of Chinese Herbal Medicine

Office 5
1 Exeter Street
Norwich NR2 4QB
T 01603 623 994
E herbmed@rchm.co.uk
W www.rchm.co.uk

Body that regulates the practice of Chinese Herbal Medicine (CHM) in the UK. Provides details of practitioners in your local area via its website.

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This factsheet has also been reviewed by people affected by dementia. A list of sources is available on request.



Alzheimer's Society National Dementia Helpline

England, Wales and Northern Ireland:
0300 222 11 22

9am–5pm Monday–Friday
10am–4pm Saturday–Sunday

alzheimers.org.uk

Alzheimer's Society is the UK's leading support and research charity for people with dementia, their families and carers.

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