

Rocking Chair Therapy – A non-pharmacological approach to comfort and wellbeing

For people with dementia, symptoms such as agitation, aggression and sleep disturbance can be difficult to manage causing significant distress to the person's family and professional caregivers. Latest International Consensus¹ proposes an escalating approach to the management of behavioural and psychological symptoms of dementia (BPSD) with a clear preference that non pharmacological interventions should be the first-line approach. With this in mind we will discuss a new intervention based on a principle of automated rocking in combination with music and an optional weighted blanket.

Rocking as a therapeutic intervention?

Rocking is one of the most natural and innate aspects of human behaviour, an action used spontaneously across the ages to comfort, to soothe and to reassure. These embracing moments are commonplace and used generously in times of happiness, sadness or distress. People will instinctively rock a baby, a parent will hug and rock a child that is ill or injured, while people hug and rock each other for comfort and in displays of compassion and empathy.

The comfort and enjoyment associated with rocking is so embedded in human behaviour that it is only rarely studied scientifically, but that doesn't mean it lacks value or validity as a therapeutic intervention. Rocking may be of value in providing a beneficial environment to treat troubling symptoms or to modify behaviours that cause distress to the individual or those around them,² particularly when triggered by anxiety, stress or cognitive dysfunction.

Similarly, music³ has been shown to be beneficial in modifying distressing behaviour in many individuals with dementia with two systematic reviews^{4,5} supporting the use of music for the short-term management of agitation. Other studies

have shown music to facilitate nursing care such as bathing,⁶ bringing benefits to both the resident and the caregiver.

Dementia Care and 'Behaviours that challenge'

Behaviours such as agitation or aggression, constant activity and sleep disturbances occur at some time in up to 90% of people with dementia³ and negatively impact not only the individual's quality of life but are associated with increased demands on caregivers.

Even though much of the evidence is still at an early stage, and often anecdotal, best practice guidelines are placing greater emphasis upon the value of non-pharmacological interventions^{3,7} in dementia care and the possible beneficial effects of rocking have been formally studied in individuals with both physical and cognitive conditions. For people suffering the distressing symptoms of dementia, rocking has been shown to bring about a number of benefits such as improved mood,⁸ better balance and less pain.^{2,9}

Although the evidence for rocking as a 'therapy' may be limited, early studies and recent user surveys have outlined

possible benefits while demonstrating a very low risk of harm,^{2, 8} the same cannot be said for pharmacological interventions commonly used to calm and sedate. Drug therapies have enjoyed a greater investment in research and are widely used, but the benefits remain uncertain and reported side effects can be both frequent and hazardous,^{3, 10, 11, 12} Rocking also has the advantage of having no delayed or 'carry over' effect² and so the intervention can be immediately terminated if it proves unsuitable.

In essence, rocking can be used as a highly pleasurable method of relaxation in everyday life,¹³ from the basic tree swing to designer armchairs for the domestic market. Adding favourite music and a weighted blanket to the mix creates a multisensory environment. This approach is increasingly popular for the management of people with dementia, as it is believed to place fewer demands on intellectual abilities and capitalises on residual sensorimotor function.¹⁴

Real World Experience

The difficulty of designing, scaling and funding robust clinical trials, given the individual nature of dementia symptoms and the almost infinite variation in response to treatments, has left a formal evidence gap. However, valuable information can be obtained through 'real world' experience with data collected from a variety of sources including, electronic health records, product safety and disease registries.¹⁵ User evaluations are a form of 'real world evidence' and multicentre data, when pooled, can demonstrate the safety, effectiveness and practical application of an intervention such as the Wellness Nordic Relax Chair®.

The Wellness Nordic Relax Chair



The fully automated Relax Chair offers users a unique, calming and individualised multi-sensory experience with programmable rocking, relaxing music and a bass speaker delivering gentle sound sensation to the lower back.

Rocking therapy can be combined with optional accessories such as a contour pillow and weighted blanket to create the sensation of envelopment (hug). The inclusion of therapeutic weight (deep pressure stimulation) has been studied for several decades and shown to reduce stress and anxiety in people suffering with cognitive disorders.^{16, 17}

The clinical utility of the Relax Chair and accessories has been evaluated through a number of multi-centre surveys across long-term care facilities within Europe and Canada; clinicians and users have rated the impact on wellbeing in areas such as mood and behaviour.

1. Nursing home residents with advanced dementia

Eight residents were encouraged to use the Relax Chair on a daily basis and for as long as they wished. Caregivers assessed the response using a structured 'welfare technology assessment' tool developed by the Danish National Centre for Technology and Innovation¹⁸ Results indicated that, in almost every case, mood was elevated and the user was calmed by a period of rocking. The evaluators concluded that the Relax Chair was beneficial and recommended permanent installation in all residential facilities within the region. The staff also estimated that by redirecting the resident to the Relax Chair they freed up two to three hours nursing time each week.

2. In-patients with age-related psychiatric disorders

Four patients with depression and symptoms associated with bi-polar disorder were encouraged to regularly use the Relax Chair. Healthcare professionals rated the patients' mood using the Hamilton's Depression Scale¹⁹ and used semi-structured interviews and assessment to gauge changes in agitation, fear, irritation, motoric disorders, anxiety and sleep. The evaluation concluded that the Relax Chair decreased symptoms resulting in better sleep and overall well-being. In addition, users were better able to focus and interact socially. Of note, the effect of rocking produced a very fast beneficial response.

3. Clinician opinion and clinical utility

While individual outcomes are important, it is also important to consider how easily an intervention might fit into daily care routines, how it is perceived by the caregivers and whether there are any barriers to implementation; for example, set up time, space requirements or cleaning. To evaluate caregiver opinion, a multicentre survey was conducted across 18 facilities in three European countries. A total of 70 staff reported their opinion of the clinical utility of the Relax Chair in the management of more than 50 residents who presented with a wide range of neuropsychiatric symptoms (Figure 1) The overwhelming response was positive, with the majority of respondents concluding that the Relax Chair was beneficial to the resident (Figure 2). Where problems were encountered it tended to be the introduction of a new experience and, like any activity, not everyone will find rocking enjoyable.

Summary

The use of rocking, hugging and music in the care of people who exhibit 'behaviors that challenge' is certainly showing potential. The therapy can be tailored to individual need and this is something that runs throughout dementia care, what works for one person may not work for another. It is this heterogeneity that confounds research and practice, leaving anecdote and personal experience to lead the way. That said, the Relax Chair and music therapy fits neatly into existing Snoezelen¹³ or multisensory environments, which are increasingly used in residential care and can be easily tried without risk of harm. The proof of success is a calm, rested person who has at least some respite from the distressing symptoms of dementia.

Figure 1: Neuropsychiatric Symptoms (N=58)

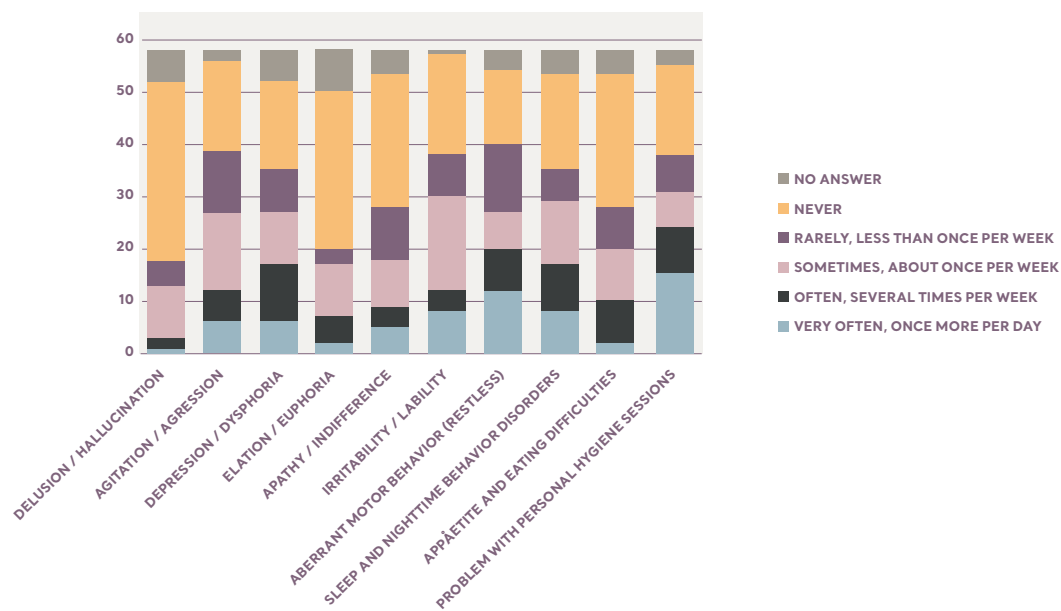
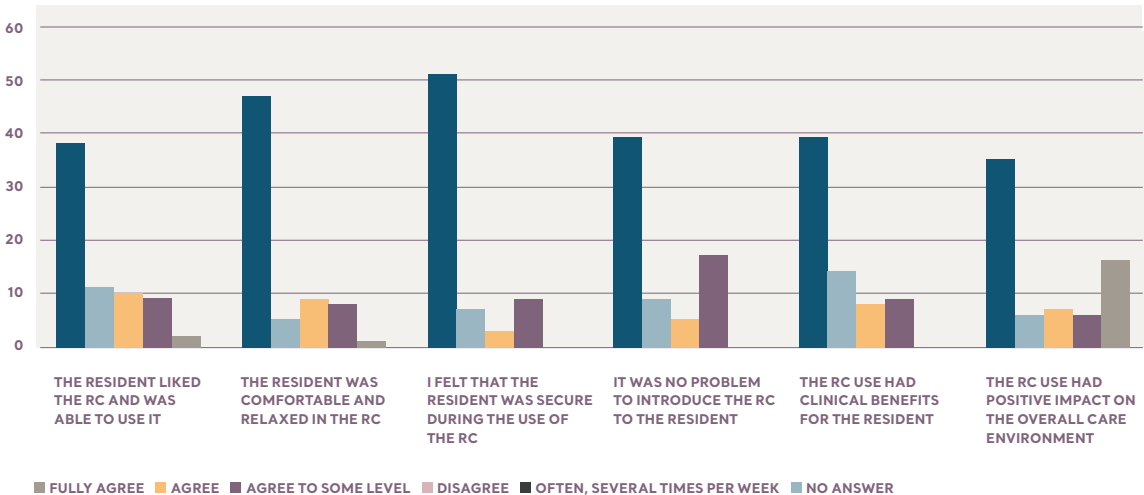


Figure 2: User opinion

EXPERIENCE OF THE ROCKING CHAIR USE (N=70)



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