# Scents of Memories: Exploring the Therapeutic Benefits of Aromatherapy for Dementia Care



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## Introduction

Dementia affects the brains' ability to process information, plan movements, and properly navigate the environment around them. People living with dementia often experience difficulties with mobility, coordination, balance, and other physical limitations like vision and touch that can lead to an increased risk of falls. Having a high number of falls can negative impact on:

- Rehospitalization and Reimbursement rates
- Overall quality of care
- Negative view in the Public Eye

This project aims to decrease falls and agitation by using lavender scented aromatherapy. Knowledge of Task:

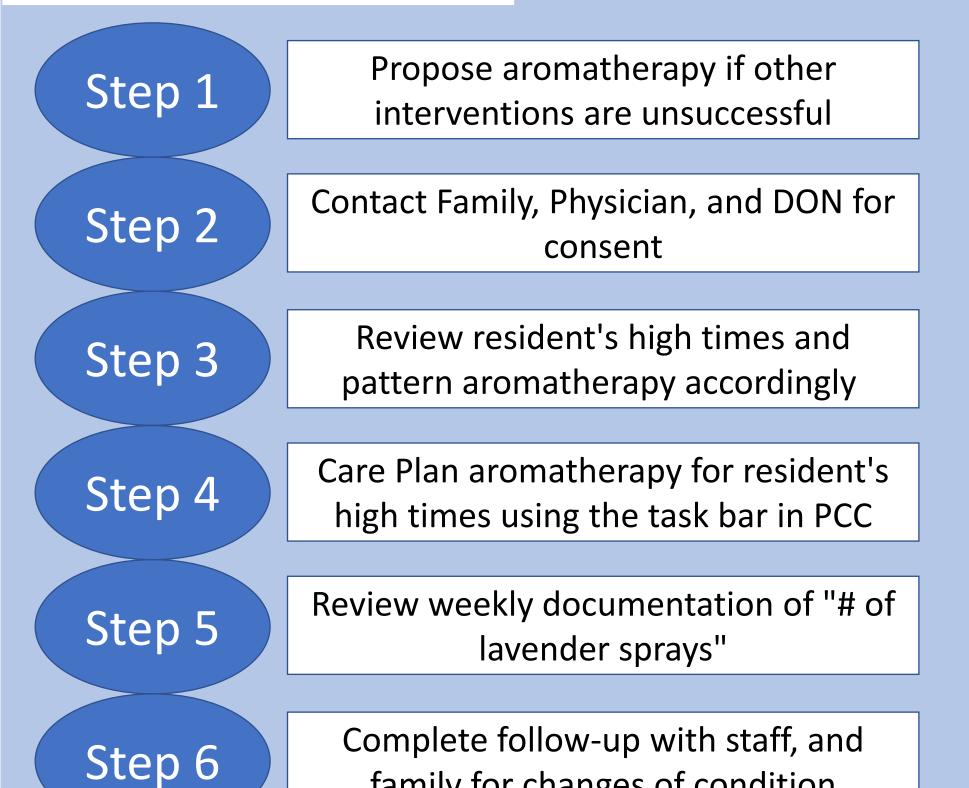
Before starting this project, I was aware that this would not be a practice used for a high number of residents. I am aware that aromatherapy is not a proven cure for falling/agitation, however it was hoped that it could delay behaviors in time for a resident to receive the care they need.

## Innovative

People living with dementia have difficulties navigating the environment around them. This can result in behaviors like agitation, and anxiety, which in a memory care setting can become exponentially increased during certain situations. Aromatherapy (especially oils like lavender) can give stimulation to the olfactory system, which connects to the limbic system. The limbic system is in the brain and its use deals with the control of emotion and behavioral responses. By stimulating these systems through aromatherapy (which was not a prior intervention at my facility) it can have an impact on:

- Overall mood
- Relaxation
- Adverse behaviors

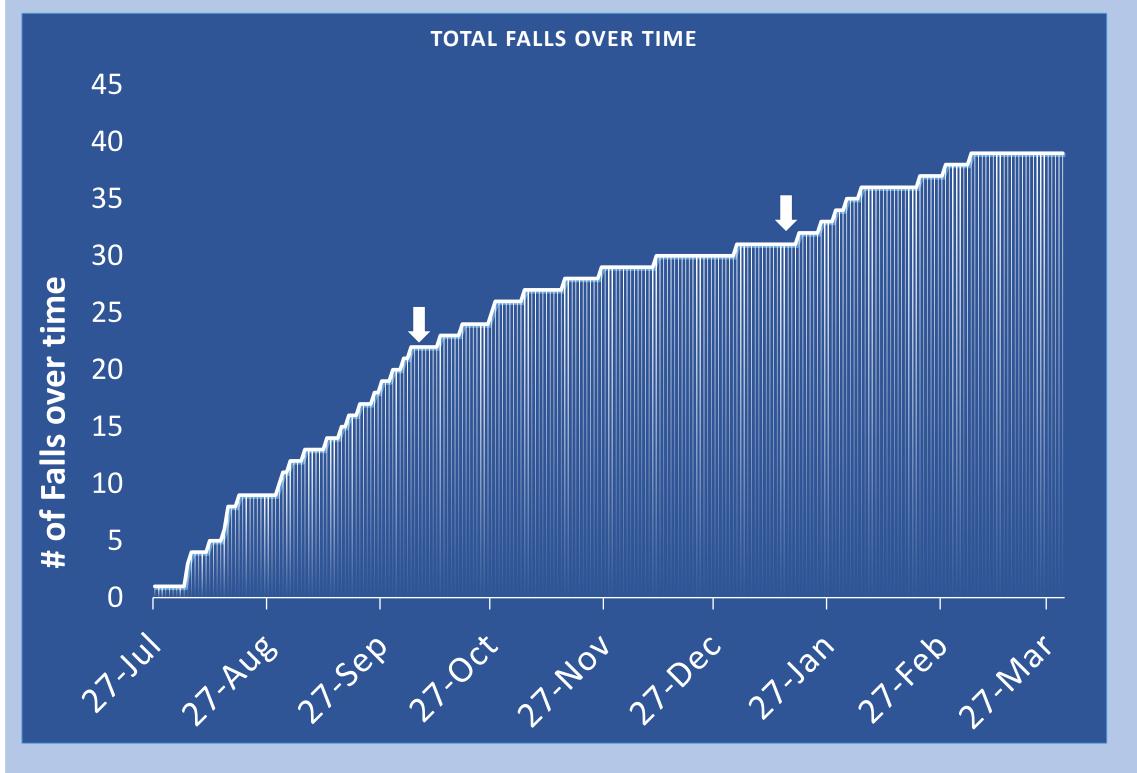
# Methodology



family for changes of condition

#### Results

In total, I was able to introduce lavender aromatherapy to a total of four residents. Two of these residents are long term and have had a history of falling prior and during this project. Two other residents were introduced to aromatherapy after experiencing a high number of falls in their short stay.



#### **History of Resident 1** First fall: July 28<sup>th</sup>

Typical Fall Times: 3-4am

Reason: Wanting to get up for the day

Behaviors: Yes

Note: R1 sustained a selfinflicted injury on 1/17 followed by 5 falls in 13 days

**History of Resident 2** 

First Fall: December 4<sup>th</sup>

Typical Fall Times: 9-10pm

Reason: Wanting to go to

get up during the night

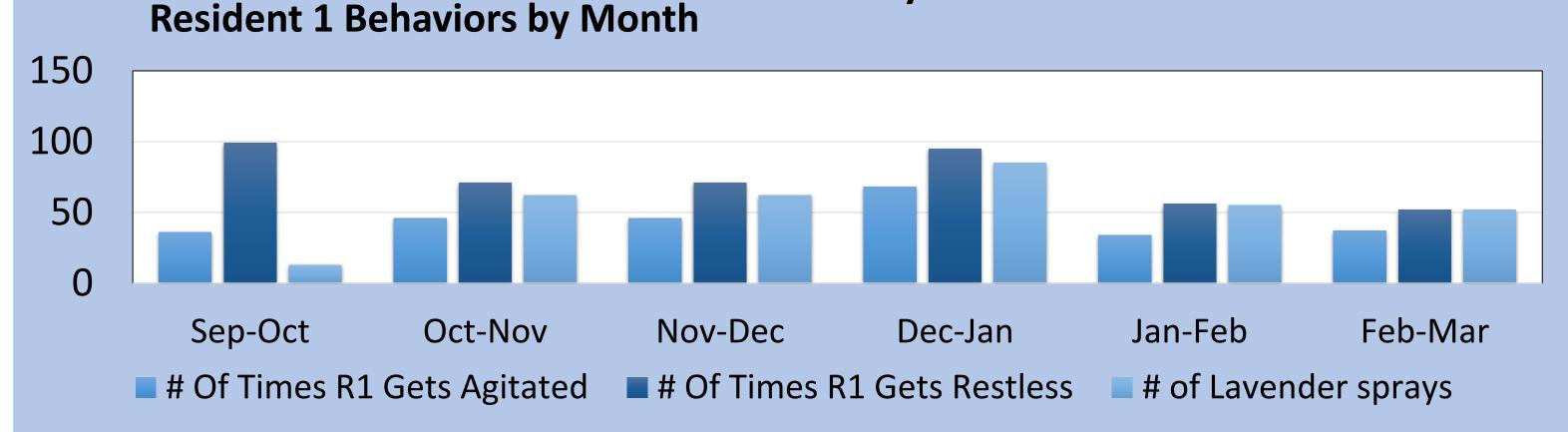
Behaviors: No

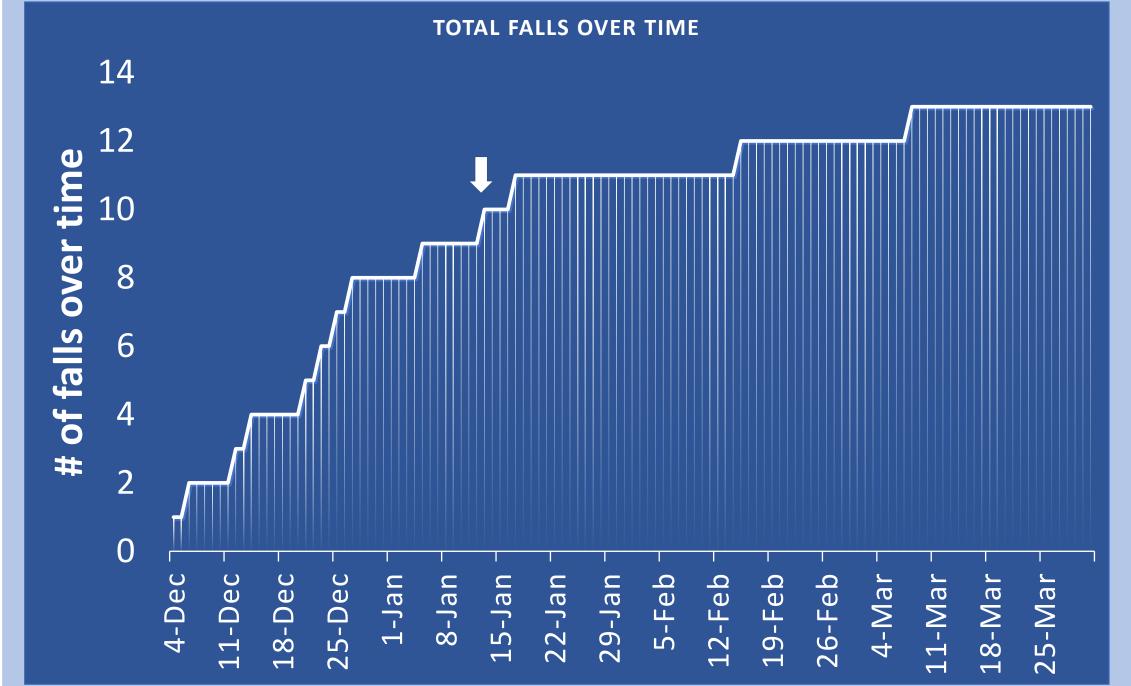
Before Implementation – July 28th to October 9th:

- 74 days without aromatherapy
  - Resulting in 21 falls
- 9 with injury
- Average of 1 fall every 3.5 days

After Implementation - October 10th to April 1st:

- 173 days using aromatherapy
  - Resulting in 17 falls
  - 3 with injury
  - Average of 1 fall every 10.2 days
    - 66% decrease in falls/day
  - Only 1 fall in the month of December





Before Implementation – December 4th to January 13th:

- 40 days without using aromatherapy
  - Resulting in 11 falls
  - 0 with injury
- Average of 1 fall every 3.6 days

After Implementation – January 14th to April 1st:

- 77 days using aromatherapy
- Resulting in 3 falls
- Average of 1 fall every 25.7 days
  - 86% decrease in falls/day
- Only 1 fall in the months of February and March

#### Results

A five-question survey was given to staff and families to address qualitative data for Resident 1 and his behaviors:

- Family for R1 saw increased levels of mood, and decreased levels agitation and irritably over a 3-month span
- Staff noted better moods in AM, but worse in PM/NOC
- This could be due to sundowning Quantitative Data:

#### **Before Implementation**

- 114 days w/out aromatherapy
- 32 falls
- Average of 1 fall every 3.5 days **After Implementation**
- 250 days w/ aromatherapy
  - 20 falls
  - Average of 1 fall every 12.5 days
  - Both residents had 30+ days w/ no falls

## Recommendations

This project yielded very positive results, however some recommendations I would make to this project include:

- Larger sample size
- Consistent charting for # of sprays and when
- More data pertaining to behavioral benefits
- Female representee

I would recommend this type of therapy for individuals who are having trouble with going to sleep or staying asleep and using it as a preventative measure to help mitigate behaviors that would educe a fall.

### Conclusion

Overall, this project was a success, and a large one at that. In total there was a 72% decrease in the number of falls per day for Residents 1&2. I do not believe this is not the sole purpose for the significant decrease in the number of falls, but I feel it played a part by promoting a relaxation effect which in return can reduce the risk for a fall. In conclusion, the risk of a fall is not eliminated with the introduction, but it functions as a complementary intervention to prevent or delay falls.

# Acknowledgements

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