Opinion

## Therapeutic Massage for Management of Cancer Related Symptoms: The Role of Oncology Nurses

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## **DESCRIPTION**

In 2014, over 585,700 deaths will be attributed to cancer, the second most common cause of mortality in the United State. There were 12.7 million new cases in 2008 globally. Oncology patients experience complex issues throughout their journey with the disease and treatments. They undergo both physiological and psychological symptoms can feel unbearable and are difficult to manage. Pain is one of the most common symptoms reported by oncology patients. Additionally, adverse effects of chemotherapy and radiation include anorexia, weight loss, febrile neutropenia, insomnia and fatigue. The disease and its treatment modalities worsen the quality of life of cancer survivors. Often these oncology patients themselves have taken the initiative to access certain Complementary and Alternative Medicine (CAM) therapies to fight cancer, manage their symptoms and improve their quality of life. Over the past couple of decades, massage has become more prevalent as a management tool among the oncology community. One study found that out of 752 oncology patients 73 were using massage. An estimated 18 million adults and 0.7 million children received massage therapy in the past in the United States. Therapeutic Massage (TM) is defined as the manipulation of soft tissue by rubbing, kneading, pressing and rolling by trained person for therapeutic purpose. TM is an inexpensive and noninvasive intervention. Several studies indicate that TM has the potential to control symptoms and improve the quality of life of oncology patients. Memorial Sloan-Kettering Cancer Center in New York has provided TM to both in-patients and out-patients since 1991. In one study (not randomized), 1,290 cancer patients presenting with pain, fatigue, anxiety, nausea and depression received TM. One study found that pain and distress decreased and quality of sleep improved after TM. Another found massage increased mobility, stabilized vital signs and assisted the body's natural ability to heal.

A study following 153 oncology patients who received TM in palliative care settings found that the patients experienced a significant reduction in pain and anxiety, improved relaxation, and inner peace. More serious side effects include pulmonary embolism and strangulation. However side effects are rare if trained therapists provide massage. Oncology patients should discuss with their oncologist before opting TM. Patients should be informed that TM is not an alternative or substitute for medical treatment but a supplementary intervention to provide comfort and decrease suffering. In the developed world, TM is integrated in cancer centers, in palliative care and hospice services. However, in developing countries such as in Pakistan TM is rarely integrated into oncology services and cancer care. In some developing countries, there is no information about integration of TM in oncology health care available in the literature. The lack of knowledge prevents physicians in introducing and integrating TM in oncology hospitals. Without accurate information and skilled practitioners, there is a risk that patients may go to untrained providers to acquire this service and experience at best, no relief from symptoms and at worst, unwanted and dangerous side effects.

## CONCLUSION

The best course of action would be to explicitly introduce and integrate this therapy in oncology, palliative care and hospice services. Oncology nurses play a key role in managing symptoms and side effects of cancer and its treatment. Trained nurses could also play an important role in assessing the benefit of TM, discussing the option with patients, and providing TM. To further safeguard patients and providers, policy and clinical guidelines should be developed to provide a legal and ethical framework for TM.

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