

Aromatherapy and Alzheimer's/Dementia

芳香療法和老年癡呆症

芳香疗法和老年痴呆症

What is alzheimer's/dementia?

Dementia is the loss of intellectual and social abilities severe enough to interfere with daily functioning. According to the MayoClinic.com Alzheimer's disease is the most common cause of dementia. In Alzheimer's disease dementia occurs because of the degeneration of healthy brain tissue which causes a steady decline in memory and mental abilities.

Alzheimer's is a progressive, degenerative brain disease which causes more than simple forgetfulness. It may start with confusion and slight memory loss but eventually leads to irreversible mental impairment.

According to MayoClinic.com many of the common signs and symptoms of Alzheimer's include:

- Increasing and persistent forgetfulness. At its onset, Alzheimer's disease is marked by periods of forgetfulness, especially of recent events or simple directions. But what begins as mild forgetfulness persists and worsens. People with Alzheimer's may repeat things and forget conversations or appointments. They routinely misplace things, often putting them in illogical locations. They frequently forget names, and eventually, they may forget the names of family members and everyday objects.
- Difficulties with abstract thinking. People with Alzheimer's may initially have trouble balancing their cheque book, a problem that progresses to trouble recognising and dealing with numbers.
- Difficulty finding the right word. It may be a challenge for those with Alzheimer's to find the right words to express thoughts or even follow conversations. Eventually, reading and writing also are affected.
- Disorientation. People with Alzheimer's often lose their sense of time and dates, and may find themselves lost in familiar surroundings.
- Loss of judgment. Solving everyday problems, such as knowing what to do if food on the stove is burning, becomes increasingly difficult, eventually impossible. Alzheimer's is characterized by greater difficulty in doing things that require planning, decision making and judgment.

- Difficulty performing familiar tasks. Once-routine tasks that require sequential steps, such as cooking, become a struggle as the disease progresses. Eventually, people with advanced Alzheimer's may forget how to do even the most basic things.
- Personality changes. People with Alzheimer's may exhibit mood swings. They may express distrust in others, show increased stubbornness and withdraw socially. Early on, this may be a response to the frustration they feel as they notice uncontrollable changes in their memory. Depression often coexists with Alzheimer's disease. Restlessness also is a common sign. As the disease progresses, people with Alzheimer's may become anxious or aggressive and behave inappropriately.

Because Alzheimer's symptoms usually progress slowly, diagnosis is often delayed. While Alzheimer's might be the most common cause of dementia it is not the only one. There is also vascular dementia, lewy body dementia and frontotemporal dementia. Several less common brain disorders that can lead to dementia include Huntington's disease, Parkinson's disease, Creutzfeldt-Jakob disease and advanced stages of AIDs.

Coping with loved ones who have dementia can be extremely challenging, calling for support and caring, not only for the person with dementia, but also for the caregiver themselves. This is where essential oils can be so helpful.

什麼是老年癡呆症？

癡呆症是指嚴重到足以乾擾日常功能的智力和社交能力的喪失。據 MayoClinic.com 稱，阿爾茨海默病是導致癡呆症的最常見原因。在阿爾茨海默病中，癡呆症的發生是因為健康的腦組織退化導致記憶力和精神能力的穩定下降。

阿爾茨海默氏症是一種進行性退行性腦疾病，不僅僅是健忘。它可能從混亂和輕微記憶喪失開始，但最終導致不可逆轉的精神損害。

根據 MayoClinic.com 的許多阿爾茨海默氏症的常見症狀和體徵包括：

- 增加和持續的健忘。阿爾茨海默病一開始就以健忘為特徵，特別是近期事件或簡單方向。但是，隨著輕度健忘的持續和惡化開始。阿爾茨海默氏症患者可能會重複做事並忘記談話或約會。他們經常錯放東西，經常將它們放在不合邏輯的位置。他們經常忘記姓名，最終他們可能會忘記家庭成員和日常用品的名字。
- 抽象思維的困難。患有老年癡呆症的人最初可能無法平衡他們的支票簿，這個問題在識別和處理數字方面遇到了麻煩。
- 難以找到合適的詞。對於患有阿爾茨海默氏症的人來說，找到正確的詞語來表達思想甚至是跟隨對話可能是一個挑戰。最終，閱讀和寫作也受到影響。
- 迷失。患有阿爾茨海默氏症的人經常會失去時間和日期，並且可能會發現自己迷失在熟悉的環境中。
- 失去判斷力。解決日常問題，例如知道如果爐子上的食物燃燒會怎麼做，變得越來越困難，最終不可能。阿爾茨海默氏症的特點是難以做出需要計劃，決策和判斷的事情。
- 難以執行熟悉的任務。隨著疾病的進展，需要連續步驟（例如烹飪）的常規任務變得艱難。最終，患有老年性阿爾茨海默氏症的人可能會忘記如何做最基本的事情。
- 人格改變。患有阿爾茨海默氏症的人可能表現出情緒波動。他們可能表達對他人的不信任，表現出更多的固執和社交退縮。在早期，這可能是對他們感到沮喪的回應，因為他們注意到記憶中無法控制的變化。抑鬱症經常與阿爾茨海默病共存。不安也是一個常見的徵兆。隨著疾病的進展，患有阿爾茨海默氏症的人可能會變得焦慮或咄咄逼人並且行為不當。

由於阿爾茨海默氏症的症狀通常進展緩慢，因此診斷通常會延遲。雖然阿爾茨海默氏症可能是癡呆症的最常見原因，但它並不是唯一的原因。還有血管性癡呆，路易體癡呆和額顳葉癡呆。可導致癡呆的幾種不太常見的腦疾病包括亨廷頓氏病，帕金森病，克雅氏病和 AID 的晚期階段。

與患有癡呆症的親人打交道可能極具挑戰性，不僅要為癡呆症患者提供支持和關懷，還要為照顧者自己提供支持和關懷。這是精油可以提供幫助的地方。

什么是老年痴呆症？

痴呆症是指严重到足以干扰日常功能的智力和社交能力的丧失。据 MayoClinic.com 称，阿尔茨海默病是导致痴呆症的最常见原因。在阿尔茨海默病中，痴呆症的发生是因为健康的脑组织退化导致记忆力和精神能力的稳定下降。

阿尔茨海默氏症是一种进行性退行性脑疾病，不仅仅是健忘。它可能从混乱和轻微记忆丧失开始，但最终导致不可逆转的精神损害。

根据 MayoClinic.com 的许多阿尔茨海默氏症的常见症状和体征包括：

- 增加和持续的健忘。阿尔茨海默病一开始就以健忘为特征，特别是近期事件或简单方向。但是，随着轻度健忘的持续和恶化开始。阿尔茨海默氏症患者可能会重复做事并忘记谈话或约会。他们经常错放东西，经常将它们放在不合逻辑的位置。他们经常忘记姓名，最终他们可能会忘记家庭成员和日常用品的名字。
- 抽象思维的困难。患有老年痴呆症的人最初可能无法平衡他们的支票簿，这个问题在识别和处理数字方面遇到了麻烦。
- 难以找到合适的词。对于患有阿尔茨海默氏症的人来说，找到正确的词语来表达思想甚至是跟随对话可能是一个挑战。最终，阅读和写作也受到影响。
- 迷失。患有阿尔茨海默氏症的人经常会失去时间和日期，并且可能会发现自己迷失在熟悉的环境中。

- 失去判断力。解决日常问题，例如知道如果炉子上的食物燃烧会怎么做，变得越来越困难，最终不可能。阿尔茨海默氏症的特点是难以做出需要计划，决策和判断的事情。
- 难以执行熟悉的任务。随着疾病的进展，需要连续步骤（例如烹饪）的常规任务变得艰难。最终，患有老年性阿尔茨海默氏症的人可能会忘记如何做最基本的事情。
- 人格改变。患有阿尔茨海默氏症的人可能表现出情绪波动。他们可能表达对他人的不信任，表现出更多的固执和社交退缩。在早期，这可能是对他们感到沮丧的回应，因为他们注意到记忆中无法控制的变化。抑郁症经常与阿尔茨海默病共存。不安也是一个常见的征兆。随着疾病的进展，患有阿尔茨海默氏症的人可能会变得焦虑或咄咄逼人并且行为不当。

由于阿尔茨海默氏症的症状通常进展缓慢，因此诊断通常会延迟。虽然阿尔茨海默氏症可能是痴呆症的最常见原因，但它并不是唯一的原因。还有血管性痴呆，路易体痴呆和额颞叶痴呆。可导致痴呆的几种不太常见的脑疾病包括亨廷顿氏病，帕金森病，克雅氏病和 AID 的晚期阶段。

与患有痴呆症的亲人打交道可能极具挑战性，不仅要为痴呆症患者提供支持和关怀，还要为照顾者自己提供支持和关怀。这是精油可以提供帮助的地方。

How could aromatherapy help with alzheimer's/dementia?

Whilst Aromatherapy cannot 'cure' Alzheimer's or dementia, certain essential oils may be useful in helping to alleviating specific symptoms. Aromas trigger both emotional and memory responses in the brain. The effects of specific aromas can be quite unique to the individual, so the choice of oil needs to be carefully considered. Using calming, relaxing oils would obviously be very helpful in cases of agitation and insomnia. However, any aroma that brings back pleasant memories can only increase the quality of life for the individual.

Suggestions include:

Lavender (*Lavandula angustifolia*)

Melissa (*Melissa officinalis*)

Mandarin (*Citrus nobilis*)

Roman Chamomile (*Chamaemelum nobile*)

Neroli (*Citrus aurantium var amara flos*)

Rose (*Rosa damascena*)

Jasmine (*Jasminum grandiflorum*)

Sandalwood (*Santalum spicatum*)

Ylang Ylang (*Cananga odorata*)

Sweet Orange (*Citrus sinensis*)

Bergamot (*Citrus bergamia*)

Always contact a qualified Aromatherapist who will guide you on the oils that are suitable for your individual needs.

芳香療法如何幫助老年痴呆症？

雖然芳香療法不能“治愈”老年痴呆症，但某些精油可能有助於緩解特定症狀。香氣引發大腦的情緒和記憶反應。特定香氣的效果對於個人來說可能是獨一無二的，因此需要仔細考慮油的選擇。使用鎮靜，放鬆油顯然在激動和失眠的情況下非常有用。然而，任何帶來愉快回憶的香氣只能提高個人的生活質量。

建議包括：

薰衣草 (*Lavandula angustifolia*)
梅麗莎 (*Melissa officinalis*)
普通話 (*Citrus nobilis*)
羅馬洋甘菊 (*Chamaemelum nobile*)
橙花 (*Citrus aurantium var amara flos*)

玫瑰 (羅莎大馬士革)
茉莉花 (*Jasminum grandiflorum*)
檀香 (*Santalum spicatum*)
依蘭依蘭 (*Cananga odorata*)
甜橙 (*Citrus sinensis*)
佛手柑 (*Citrus bergamia*)

請務必聯繫合格的芳香療法師，他將為您提供適合您個人需求的潤滑油。

芳香療法如何幫助老年痴呆症？

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茉莉花（Jasminum grandiflorum）
檀香（Santalum spicatum）
依兰依兰（Cananga odorata）
甜橙（Citrus sinensis）
佛手柑（Citrus bergamia）

请务必联系合格的芳香治疗师，他将为您提供适合您个人需求的润滑油。

References:

<http://www.mayoclinic.com/health/dementia/AZ00003>

<http://www.mayoclinic.com/health/alzheimers-disease/DS00161/DSECTION=1>

Bob Harris, Essential Oil Research Database 2008. Essential Oil Resource Consultants
Beverley Hawkins, Essential Oil Therapist – EOT®, Registered Aromatherapist – RA®,
CAHP, Di.SPE

Research Trials and Articles:

Smallwood J, Brown W, Coulter F, Irvine E, Copland C, **Aromatherapy and behaviour disturbances in dementia: a randomized controlled trial**, *International Journal of Geriatric Psychology* 16: 1010-1013, 2001 carried out a single-blind randomised trial designed with 21 inpatients (12 female, 9 male) that had been diagnosed as suffering from severe dementia and concluded that massage combined with essential oils resulted in a reduction of agitation.

Ballard C G, O'Brien J T, Reichelt K, Perry E K, **Aromatherapy as a safe and effective treatment for the management of agitation in severe dementia: The results of a double-blind placebo-controlled trial with melissa**. *Journal of Clinical Psychiatry*, 63 (7): 553- 558, 2002 double-blind, placebo-controlled trial using the for the treatment of clinically significant agitation in severe dementia patients (72 patients were enrolled in the study who had clinically significant agitation and confirmed severe dementia) concluded that there was a significant improvement in agitation for the active group as opposed to the placebo group. Melissa essential oil at 10% or the placebo (sunflower oil) were combined with a base lotion (containing Prunus dulcis oil, glycerine, stearic acid, cetearyl alcohol and tocopheryl acetate) and stored in plastic containers that dispensed a metered dose of 0.16-0.17 g of lotion. These containers were given to care assistants who applied the lotion topically on the patient's face and both arms twice daily, giving a total of six doses per day, overall providing a total of 200 mg of oil. The treatment was continued for four weeks. It was concluded that the use of aromatherapy with melissa is a safe and effective treatment for clinically significant agitation in people with severe dementia, with additional benefits for quality of life parameters.

Holmes C, Hopkins V, Hensford C, MacLaughlin V, Wilkinson D, Rosenvinge H, **Lavender oil as a treatment for agitated behaviour in severe dementia: a placebo controlled study**, International Journal of Geriatric Psychology, 17: 305-308, 2002, recruited 15 patients from a long term psycho-geriatric ward, all of whom fulfilled ICD-10 diagnostic criteria for severe dementia. Four patients had probable Alzheimer's disease, seven had probable Vascular dementia, three had probable Dementia with Lewy Bodies and one patient was fully diagnosed with Fronto-Temporal Dementia. All of the patients scored greater than three points on the Pittsburgh Agitation Scale (PAS), denoting high levels of agitation. The communal area of the ward was diffused with either 2% Lavandula angustifolia essential oil or water on alternate days using three aroma-streams, for a period of two hours between 4pm and 6pm. In the last hour of each session the individual behaviour of the patients was assessed using the PAS. Concomitant drug therapy was allowed during the trial but no changes in medication were made during the trial period. The majority of patients (60%) showed a significant improvement in agitated behaviour in comparison to the placebo, with a drop of between 1 and 3 points on the PAS, while 33% had no change in behaviour. None of the patients who had a diagnosis of Dementia with Lewy Bodies showed any evidence of improvement and one of them appeared to worsen. This highlighted the difficulty of treating groups of patients at the same time and as such, its widespread use could not be advocated. It was concluded that aromatherapy with lavender essential oil demonstrated modest efficacy in the treatment of agitated behaviour in patients with severe dementia, although patients with different forms of dementia may show a varying response.

To find a practitioner to discuss your needs visit www.ifaroma.org

參考文獻：

<http://www.mayoclinic.com/health/dementia/AZ00003>

<http://www.mayoclinic.com/health/alzheimers-disease/DS00161/DSECTION=1>

Bob Harris · 2008 年精油研究數據庫。精油資源顧問

Beverley Hawkins · 精油治療師 - EOT® · 註冊芳香療法師 - RA® ·

CAHP · Di.SPE

研究試驗和文章：

Smallwood J · Brown W · Coulter F · Irvine E · Copland C · 芳香療法和癡呆症中的行為障礙：一項隨機對照試驗，International Journal of Geriatric Psychology 16：1010-1013,2001 進行了一項設計用 21 的單盲隨機試驗住院患者（12 名女性 · 9 名男性）被診斷為患有嚴重癡呆，並得出結論，按摩與精油相結合可減少躁動。

Ballard C G , O'Brien J T , Reichelt K , Perry E K , Aromatherapy 是一種安全有效的治療方法，用於治療嚴重癡呆症的躁動：使用梅麗莎進行雙盲安慰劑對照試驗的結果。**Journal of Clinical Psychiatry** , 63 (7) : 553-558,2002 雙盲，安慰劑對照試驗，用於治療嚴重癡呆患者的臨床顯著性激動（72 名患者參加了研究，他們有臨床上顯著的激動和證實嚴重癡呆症的結論是，與安慰劑組相比，活性組的躁動有顯著改善。將 10% 的 **Melissa** 精油或安慰劑（向日葵油）與基礎洗劑（含有 **Prunus dulcis** 油，甘油，硬脂酸，十六/十八醇和生育酚乙酸酯）混合，並儲存在分配計量劑量 0.16-0.17 的塑料容器中。g 乳液。這些容器給予護理助理，護理助理將乳液局部塗抹在患者的臉上，雙臂每天塗抹兩次，每天總共給予六劑，總共提供 200 毫克的油。治療持續四周。結論是，使用梅麗莎芳香療法是一種安全有效的治療方法，可用於嚴重癡呆患者的臨床顯著性躁動，對生活質量參數有額外的益處。

Holmes C , Hopkins V , Hensford C , MacLaughlin V , Wilkinson D , Rosenvinge H , 薰衣草油作為治療嚴重癡呆症的激動行為：安慰劑對照研究，國際老年心理學雜誌，17 : 305-308,2002，招募來自長期心理老年病房的 15 名患者，他們都符合嚴重癡呆的 ICD-10 診斷標準。4 名患者可能患有阿爾茨海默病，7 名患者可能患有血管性癡呆，3 名患者可能患有路易體癡呆症，1 名患者被完全診斷為顳葉癡呆。所有患者在匹茲堡激動量表（PAS）上得分均超過 3 分，表示高水平的激動。病房的公共區域使用 3 種香氣流在隔天使用 2% 薰衣草精油或水分散，在下午 4 點至下午 6 點之間持續 2 小時。在每個療程的最後一小時，使用 PAS 評估患者的個體行為。在試驗期間允許伴隨藥物治療，但在試驗期間沒有進行藥物治療的變化。與安慰劑相比，大多數患者（60%）顯示出激動行為的顯著改善，PAS 下降 1 至 3 點，而 33% 的行為沒有變化。診斷為路易體癡呆症的患者均未出現任何改善跡象，其中一例似乎惡化。這凸顯了同時治療患者群體的困難，因此無法提倡廣泛使用。結論是，薰衣草精油的芳香療法在治療嚴重癡呆患者的激動行為方面表現出適度的療效，儘管患有不同形式癡呆的患者可能表現出不同的反應。

要找到一位討論您需求的從業者，請訪問 www.ifaroma.org

研究试验和文章：

Smallwood J , Brown W , Coulter F , Irvine E , Copland C , 芳香疗法和痴呆症中的行为障碍：一项随机对照试验，**International Journal of Geriatric Psychology** 16: 1010-1013,2001 进行了一项设计用 21 的单盲随机试验住院患者（12 名女性，9 名男性）被诊断为患有严重痴呆，并得出结论，按摩与精油相结合可减少躁动。

Ballard C G, O'Brien J T, Reichelt K, Perry E K, Aromatherapy 是一种安全有效的治疗方法，用于治疗严重痴呆症的躁动：使用梅丽莎进行双盲安慰剂对照试验的结果。*Journal of Clinical Psychiatry*, 63 (7) : 553-558,2002 双盲，安慰剂对照试验，用于治疗严重痴呆患者的临床显著性激动（72 名患者参加了研究，他们有临床上显著的激动和证实严重痴呆症的结论是，与安慰剂组相比，活性组的躁动有显著改善。将 10% 的 *Melissa* 精油或安慰剂（向日葵油）与基础洗剂（含有 *Prunus dulcis* 油，甘油，硬脂酸，十六/十八醇和生育酚乙酸酯）混合，并储存在分配计量剂量 0.16-0.17 的塑料容器中。g 乳液。这些容器给予护理助理，护理助理将乳液局部涂抹在患者的脸上，双臂每天涂抹两次，每天总共给予六剂，总共提供 200 毫克的油。治疗持续四周。结论是，使用梅丽莎芳香疗法是一种安全有效的治疗方法，可用于严重痴呆患者的临床显著性躁动，对生活质量参数有额外的益处。

Holmes C, Hopkins V, Hensford C, MacLaughlin V, Wilkinson D, Rosenvinge H, 熏衣草油作为治疗严重痴呆症的激动行为：安慰剂对照研究，*国际老年心理学杂志*, 17: 305-308,2002, 招募来自长期心理老年病房的 15 名患者，他们都符合严重痴呆的 ICD-10 诊断标准。4 名患者可能患有阿尔茨海默病，7 名患者可能患有血管性痴呆，3 名患者可能患有路易体痴呆症，1 名患者被完全诊断为额叶痴呆。所有患者在匹兹堡激动量表（PAS）上得分均超过 3 分，表示高水平的激动。病房的公共区域使用 3 种香气流在隔天使用 2% 熏衣草精油或水分散，在下午 4 点至下午 6 点之间持续 2 小时。在每个疗程的最后一小时，使用 PAS 评估患者的个体行为。在试验期间允许伴随药物治疗，但在试验期间没有进行药物治疗的变化。与安慰剂相比，大多数患者（60%）显示出激动行为的显著改善，PAS 下降 1 至 3 点，而 33% 的行为没有变化。诊断为路易体痴呆症的患者均未出现任何改善迹象，其中一例似乎恶化。这凸显了同时治疗患者群体的困难，因此无法提倡广泛使用。结论是，熏衣草精油的芳香疗法在治疗严重痴呆患者的激动行为方面表现出适度的疗效，尽管患有不同形式痴呆的患者可能表现出不同的反应。

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