

Complementary and alternative therapies

The term 'complementary and alternative therapies' refers to a wide range of treatments used to treat or prevent illness and promote wellbeing. They are not the same as mainstream conventional medicines. This factsheet explains what complementary and alternative therapies are, outlines some therapies there has been research into the possible benefits of for people with dementia, and gives details on how to get these treatments.

There are some widely used treatments with no good research evidence of effectiveness, for example homeopathy. This factsheet does not cover these treatments.

Anyone using a complementary and alternative therapy should continue to see their GP and keep them informed of the treatments they are having.

What are complementary and alternative therapies?

Both kinds of therapy aim to treat or prevent illness. For example, acupuncture is used to treat back pain.

Complementary and alternative therapies sit outside of what is known as conventional medicine. Drugs approved for use in conventional medicine have been thoroughly tested by experts through well-designed and carefully controlled clinical trials. These trials can be repeated to show the same therapeutic effect. Complementary

therapies are used in addition to conventional medicine. Alternative therapies are used instead of conventional medicine.

Complementary and alternative therapies may have some benefits for some conditions, but the evidence (where it exists) may not be conclusive and the research may not have been as rigorously conducted as for conventional medicine. Generally for complementary and alternative therapies, there is a need for more research into the effectiveness of the treatments.

Nobody should replace their conventional medicine with an alternative therapy, or use a complementary therapy, without speaking to a medical professional (eg a GP) for advice and information. Many practitioners of complementary and alternative therapies are not trained to diagnose conditions.

The field of complementary and alternative therapy can be controversial. Some people may place great trust in a therapy even though there is no clinical evidence that it is effective (eg homeopathy).

The field also changes regularly. Therapies that are considered alternative at first may become more mainstream over time as research studies find robust evidence for their effectiveness. These can then become integrated into conventional healthcare practice, to the point that some complementary and alternative therapies (eg acupuncture) are now available on the NHS (although this varies between regions).

Many complementary and alternative therapies are non-invasive (ie they don't break the skin or physically enter the body) and they rarely cause unpleasant or long-lasting side effects. Although most complementary and alternative treatments are generally safe, there can still be risks. There are serious safety concerns about some therapies. For example, some herbal preparations (eg St John's wort) may interact harmfully with conventional drugs. It is therefore very important that someone speaks to their GP about what they are taking.

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.

Can complementary and alternative therapies be used to treat dementia?

There has been some high-quality research into the treatment of conditions associated with dementia using complementary and alternative therapy. However, there is still a need for more specific research into the effectiveness of these therapies. There is no strong evidence for the treatment of symptoms closely linked with dementia (such as memory loss) with complementary and alternative therapies. However, there are other conditions a person with dementia may experience (such as back pain), for which there is better evidence of the effectiveness of complementary and alternative therapies.

Dementia has many symptoms, which change as the condition progresses. The most suitable complementary or alternative therapy will depend on various factors, including the specific symptoms that need treating and what the person with dementia is comfortable with. The aims of treatment range from improving memory to providing relaxation. Each person will experience the therapy differently, and some therapies are tailored to the individual's need. This may lead to different people experiencing different levels of effectiveness.

If the person wants to talk through their options or find out more before deciding to use a complementary or alternative therapist, they should speak to their GP.

Accessing complementary and alternative therapies

As a starting point for accessing complementary and alternative therapy, the first person to speak to is the GP. They may be able to give information about the evidence or provide details of local practitioners. The bodies listed in 'Other useful organisations' at the end of this factsheet can provide details of local therapists.

Paying for complementary and alternative therapies

Usually if someone wishes to try complementary or alternative therapy, they will need to pay for it themselves. Some types of complementary and alternative therapy may be available on the NHS for some conditions (where there is evidence of benefit and cost-effectiveness), but it can depend on where the person lives. For example, acupuncture may be available on the NHS in some areas for the treatment of low back pain and chronic headaches. Currently none of the complementary and alternative therapies for the treatment of dementia are available on the NHS because there is a lack of evidence for them. However, for other conditions a person with dementia may experience (such as back pain), NHS-funded treatment may be available in some areas.

When speaking to a practitioner about the cost of treatment, it is important to ask what the cost covers. For example, there may be a fee for a consultation, as well as a fee for any treatment given, and possibly a fee for any medicines or remedies that need to be bought.

Choosing a practitioner

Someone who has spoken to their GP and decided they want to receive complementary or alternative therapy should find a practitioner who is registered with a governing body. It is also vital that they trust and feel comfortable with the practitioner, as the therapeutic relationship forms an important part of the therapy. At the first meeting, the person or carer should ask about:

- 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 they can expect to receive from the treatment
- when to expect results of treatment
- any risks of the treatment, including side effects.

Practitioners of complementary and alternative therapy should not be viewed as a substitute for a GP. A good practitioner should also encourage continued input from the person's GP during any treatment, and may even liaise directly with them. They should also have a realistic attitude towards the therapy. For example, they should discuss the likelihood of the treatment having no effect, or possible side effects, as well as potential benefits. They should find out about any conventional medications the person is taking.

Specific treatments

This section looks at a range of therapies that may be effective in addressing certain symptoms associated with dementia. This is not a complete list of therapies, and there may be other types of complementary and alternative therapies with an evidence base that are not listed in this factsheet. To find out more about other types of complementary and alternative therapies, speak to a GP or a professional body (see 'Other useful organisations') about what is available.

Acupuncture

Acupuncture developed from the model of traditional Chinese medicine. Practitioners insert very fine needles into the skin to stimulate various nerves and prevent or relieve pain, nausea and fatigue.

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. In some areas, acupuncture may be available on the NHS for conditions such as back pain. Acupuncture is not provided by the NHS for the treatment of dementia.

A few studies have addressed the use of acupuncture for improving symptoms of Alzheimer's disease and vascular dementia. Some of

these studies report positive effects, but they were generally not well conducted, and better studies are needed to confirm these initial findings.

For practitioners of more traditional forms of acupuncture, contact the British Acupuncture Council (see 'Other useful organisations'). Alternatively, you may consider seeing an acupuncturist who is also a statutory regulated health professional, such as a doctor or a nurse (contact the British Medical Acupuncture Society, see 'Other useful organisations') or a chartered physiotherapist (contact the Acupuncture Association of Chartered Physiotherapists, see 'Other useful organisations').

Aromatherapy

Aromatherapy is based on the theory that essential oils, derived from plants, have beneficial properties. The oils are concentrated and it is important to use them according to instructions, for example diluting them before applying to the skin. Many types of aromatherapy can be used at home. 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 specifically highlighted the potential benefits of the use of lemon balm (*Melissa officinalis*) to improve cognition and mood in the treatment of Alzheimer's disease, and lavender oil to reduce occurrences of aggressive behaviour in dementia. However, there is currently not enough good evidence to state categorically whether or not aromatherapy is beneficial.

For further information, contact the International Federation of Aromatherapists (see 'Other useful organisations' at the end of this factsheet).

Massage

Massage involves hands-on manipulation of the body's soft tissue by a practitioner. There are many types of massage and different people may enjoy different types (eg hand or head). It is often used alongside aromatherapy (see 'Aromatherapy', above).

There is a small amount of evidence that massage can help manage symptoms associated with dementia, such as anxiety, agitation and depression. Although massage therapies show promise, so far studies have not been rigorous enough to provide solid evidence. Further research is required.

For more information, contact the General Council for Massage Therapies (see 'Other useful organisations').

Bright light therapy

Sleep disorders and disruptive behaviour during the night are commonly associated with dementia. Bright lights have been found to be beneficial as a treatment for these sleep disturbances. 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 large and well-conducted research review found that bright light therapy can result in less daytime sleeping and increased night-time sleeping.

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

For a list of recommended light box suppliers, contact the Seasonal Affective Disorder Association (see 'Other useful organisations').

Herbal medicine

Herbal medicine uses plants to restore or maintain health. All manufactured herbal medicines have to be registered under a scheme called Traditional Herbal Registration. This is to ensure that the herbal medicines used for this therapy have the appropriate level of active substance from the plants in them, so as to be of adequate quality and not to cause harm. With herbal medicine it is possible to self-medicate. Anyone interested in doing this should consult with their GP first, and buy a recognised brand by a reputable manufacturer.

'Phytomedicine' refers to a more scientific approach to herbal medicine. Products are standardised and concentrated so that they contain exact specified amounts of the identified active substances from the plants. More rigorous research is usually undertaken in this field.

Other branches of herbal medicine include western herbal medicine, Chinese traditional medicine, and kampo (a Japanese variant of Chinese medicine). The following herb mixtures may have some effect on symptoms associated with dementia:

- **Choto-san** – This kampo mixture (see above), which contains 11 medicinal plants, has been found to improve a range of learning and memory symptoms in people with vascular dementia.
- **Kami-Umtan-To** – This is another kampo mixture, which contains 13 different plants. A clinical trial found a slower cognitive decline in a group of people with Alzheimer's disease who were given this preparation.
- **Ginkgo biloba extract** – This is thought to be useful in the treatment of Alzheimer's, and possibly in reducing cognitive decline. However, results from clinical trials are mixed and further research is needed.

- **Huperzine A** – This is an active ingredient taken from Chinese club moss. A recent research review found that it can be effective in improving cognitive function in people with Alzheimer’s disease.

For all of these herbal medicines, further research into the benefits for people with dementia is needed. Studies show that they are safe to use. To consult a western herbalist, contact the National Institute of Medical Herbalists. For a Chinese herbalist contact the Register of Chinese Herbal Medicine (see ‘Other useful organisations’).

TENS

TENS stands for transcutaneous electrical nerve stimulation. This 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.

It is thought that electrical stimulation of nerves via the skin may cause chemical changes in the brain.

A number of studies have suggested that the use of TENS machines may produce short-lived improvement in some of the cognitive aspects of dementia, but the quality of these studies is poor and more evidence is needed.

For details of pain professional who use TENS, contact the British Pain Society (see ‘Other useful organisations’).

Other useful organisations

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 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 via the website of regulated healthcare professionals who provide acupuncture in their practice.

British Pain Society

Third Floor
Churchill House
35 Red Lion Square
London WC1R 4SG

T 020 7296 7840
E info@britishpainsociety.org
W www.britishpainsociety.org

A representative body for all professionals involved in the management and understanding of pain in the UK. Provides details of local pain professionals, including those who use TENS.

Complementary and Natural Healthcare Council

Albert Buildings
49 Queen Victoria Street
London EC4N 4SA

T 020 7653 1971
E info@cnhc.org.uk
W www.cnhc.org.uk

The UK regulator for complementary healthcare practitioners.

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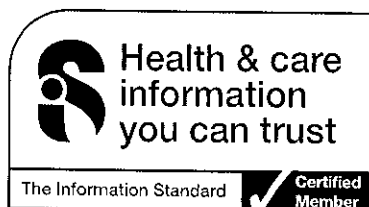
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This factsheet has also been reviewed by people affected by dementia. A list of sources is available on request.



Alzheimer's Society National
Dementia Helpline

England, Wales and Northern Ireland:
0300 222 1122

9am–8pm Monday–Wednesday

9am–5pm Thursday–Friday

10am–4pm Saturday–Sunday

alzheimers.org.uk

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Leading the
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