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Integration of Complementary Therapies in Managing Anxiety and Transient Insomnia

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Well-being is a state of wellness, health, contentment, happiness, and/or prosperity. Each of these adjectives describes a state of being.¹ "Beingness," from a holistic perspective, requires self-awareness and learning to meet one's integrated needs. Care-of-self,² which recognizes that individuals have bio-psyco-social-spiritual needs, is intrinsic to well-being. Through health promotion and disease prevention activities, nurse practitioners (NPs) and certified nurse midwives (CNMs) support patients in care-of-self, and also promote their well-being. This article will discuss stress as a common challenge to well-being that may produce anxiety and transient insomnia. Low- to no-risk or complementary strategies that NPs and CNMs can use to support well-being in the face of such challenge will be presented.

Stress: A Well-known Challenge to Well-being

Stress is a natural response to anything that occurs in one's life and upsets the balance. Stress, in and of itself, is not bad. How the individual responds to stress through thoughts, feelings, and reactions, however, is of critical importance. Through the mind-body connection, when a person perceives a situation to be stressful, the body physiologically responds by preparing for "fight or flight," releasing adrenaline and other hormones to supply oxygen and energy. Constantly responding in this way to stressful events detracts rather than aids in rebalancing, challenges the immune system, and puts a person at risk for many stress-related disorders. Stress itself cannot be treated, but

finding strategies to assist and support individuals in managing their physical and psychological responses to stress is essential to well-being. Stress is demonstrated by numerous signs and symptoms. Anxiety, a common sign of stress, and transient insomnia, a symptom of anxiety, are conditions for which complementary approaches to care may be considered.

Anxiety and Transient Insomnia

Everyone experiences symptoms of anxiety from time to time, including feelings of apprehension, worry, uneasiness, or dread. An increased feeling of anxiety may be triggered by situational stress and often is transient and self-limiting. Anxiety is not considered pathologic unless it occurs so frequently or severely that it interferes with how a person functions interpersonally, occupationally, or socially.³

When an individual exceeds his or her personal stress threshold, he/she may have an increase in anxiety, which may be accompanied by transient insomnia. Psychological stress often is the culprit. The source of the psychological stress can run the gamut from painful to seemingly pleasant situations and includes (but is not limited to): wedding/marriage; pregnancy; new baby or babies; relationship conflicts; job pressures/burnout; security fears; money concerns; grief; commuting; promotion; new job; relocation; loneliness; perfectionism; arguments; and more.

Sometimes nonpathological anxiety can lead to transient insomnia. Such insomnia is characterized by trouble sleeping for a few consecutive nights. It is self-limiting and is

not considered a sleep disorder. Anxiety that results from situational stress or disruption of the biological clock are the most common causes of transient insomnia. There are four classifications of sleep disorders: (1) primary; (2) related to a mental disorder such as an anxiety disorder or depression; (3) related to a medical disorder; or (4) substance induced.⁴ Primary insomnia is defined by difficulty initiating or maintaining sleep, or unrestful, nonrestorative sleep that persists for a month or longer.

The following discussion will focus on complementary therapies to be used in NP/CNM practice in general, and some of the approaches that can be used with patients who are experiencing non-pathological anxiety and transient insomnia. Four classes of strategies will be covered that can help support anxious individuals while they assess the source of their nonpatho-

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TABLE 1

Cautions With Essential Oils

- Although essential oils are most often diluted for use, skin sensitivity should still be assessed.
- If oils come in contact with the eyes, the eyes should be immediately flushed with normal saline.
- Most essential oils are toxic in large doses and should be treated as medicines and kept out of the reach of children.
- If used with children, these oils should be much more diluted than for adults.
- Because of the aromatic potency of essential oils it is not recommended that pregnant women or people with asthma or other lung conditions inhale oils.
- Except in specific situations and under the supervision of a clinical aromatherapist, these oils should not be taken internally.
- Aromatherapy, when used with patients for specific disease states, should be prescribed and managed by a clinical aromatherapist.
- Previous experiences with aromas, positive and negative, may influence a person's response to aromatherapy and should be assessed.

logical anxiety, determine how best to manage their anxiety, and regain their balance and well-being.

Complementary Therapies in Nurse Practitioner and Nurse Midwife Practice

NP/CNM practice is grounded in a holistic framework aimed at encouraging and facilitating clients in their care-of-self. This aim is directed at meeting the needs of the integrated self. According to this view, health is recognized as an active process and as such NP/CNMs work toward creating atmospheres in which their patients participate in the management of their own health. The holistic philosophy of complementary therapies values nursing's worldview and is synergistic with NP/CNM practice.

Complementary therapies may be used alone or in concert with conventional therapies. Categories of such therapies have been identified by the National Institutes of Health (NIH), National Center for Complementary and Alternative Medicine (NCCAM) (<http://nccam.nih.gov/>) and include alternative medical systems, mind-body interventions, biological-based therapies, manipulative and body-based methods, and energy therapies. NP/CNMs can find information about these therapies at the NIH website and through links to the NIH, NCCAM-sponsored research centers.

To use complementary therapies in practice it is essential that the NP/CNM

have the appropriate knowledge and experience. The wise NP/CNM is aware of the position of the regulatory board on the use of complementary therapies in nursing practice for the clinician's state or province. It also is important to be familiar with state or provincial practice acts that regulate complementary practitioners so as not to violate any provisions in those practice acts. State and provincial nurses' associations also may address the use of these therapies in nursing practice. The New York State Nurse Association, for example, has such a position statement, which can be accessed at: <http://www.nysna.org/pgalmps/position/position14.htm>.

Evaluation of Complementary Therapies

In evaluating complementary therapies, the NP/CNM may not find the gold standard in research (i.e., double-blind, randomized, placebo-controlled studies). Research in this area is still in the early stage. Because of the nature of some of these therapies there is much debate as to the broad application of the current gold standard. Methods of evaluation currently are under discussion at NCCAM. Further, studies have not been conducted with all complementary therapies. The results of those that have been studied may not be generalizable. Many complementary therapies have been used for long periods of time, however, and anecdotal information is available.

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TABLE 2

Essential Oil Preparations

Where to get essential oils: Health Food Stores, Online Aromatherapy Suppliers	
Purity	100%. Read the label
Cost and size	Varies by retailer Lavender 0.5 oz/15 mL \$6 and up Lavender 2.0 oz/60 mL \$18 and up
Caution	Less is more with lavender because it is very potent
Massage oil	Start with a light unscented oil such as apricot kernel oil, add 10–12 qts to 20 mL or 50–60 qts essential oil to 100 mL oil
Massage lotion	Start with unscented light lotion and use same formula as oil. Use scented oil or lotion for self-massage. Small containers for aromatherapy lotion are easy to find, inexpensive, and can be carried for use throughout the day, apply lotion to hands and breath in aroma as needed
Mist	Start with plain water in a spray bottle and use same formula as oil. Spray the aromatherapy mist in whatever environment you are in, as needed. Small spray containers are easy to find, inexpensive and can be carried for use throughout the day. Mist pillows and sheets before bedtime to help promote calming and sleep.
Bath	Add 5–10 qts to full bath, taking an aromatherapy bath before bedtime and help promote calming and sleep.

note that massage to legs and feet are contraindicated in the presence of Homans' sign. Self-massage can help the patient learn his or her own physical terrain and may promote the mind-body connection.

Relaxation: Breathing, Visualization, and Guided Imagery

According to the NIH consensus statement, relaxation approaches that include “(1) repetitive focus on a word, sound, prayer, phrase, body sensation, or muscular activity and (2) the adoption of a passive attitude toward intruding thoughts and a return to the focus,” can be used for stress management and insomnia.^{15(p5)} The following discussion on breathing exercises, relaxation, and imagery meets these NIH criteria.

Like so many things in life, breathing is automatic and often not consciously thought about. Yet breathing affects the autonomic nervous system and is intimately connected with emotional states and mood. Breath is a life force that connects the inner self to the external environment. In animals and in human babies the flow of breath is natural and unrestricted, their breathing is deep and the belly moves with every breath. As humans age, their breath tends to become shallow, and its natural flow and benefits are diminished. As described on Table 3, constant manipulation or control of breathing is not the goal of using breathing techniques. Rather, the goal is to increase awareness of the flow of breath and how to breathe more fully and naturally in every situation. Consciously recognizing one's breathing is the first step to implementing additional strategies, such as visualization and guided imagery. Use of these strategies can be soothing to the person experiencing nonpathological anxiety and promote healthful sleep.

Visualization and guided imagery require the participant to be mindful of breathing, relax the body, and concentrate. Patients focus on visualizing what a place

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Assessment for Using Complementary Therapies in Treating Nonpathological Anxiety and Transient Insomnia

NP/CNMs who incorporate complementary therapies into their practice to help patients manage anxiety and transient insomnia must first assess patients to determine that there is no underlying pathology producing these symptoms, and that such symptoms do not meet the American Psychological Association's diagnostic criteria for anxiety and/or sleep disorders.⁵ When these approaches are offered to patients to use proactively for health promotion, they should be counseled about the importance of evaluation should their anxiety and its attendant transient insomnia persist beyond a month, or if these problems interfere with normal functioning.

Complementary strategies that the NP/CNM can consider in helping to decrease non-pathologic anxiety and transient insomnia include (but may not be limited to):

- aromatherapy
- self-massage
- relaxation through breathing exercises
- visualization and guided imagery
- acupressure.

Each of these interventions will be discussed briefly in turn.

Aromatherapy

Aromatherapy, the use of essential oils and perfumes to facilitate healing, can be found in writings from 5000 years ago. Essential oils are produced through the process of steam distillation of flowers or leafy plant

material. The extract is from a minute percentage of oil in the plant and is volatile, aromatic, and extremely concentrated. The therapeutic properties of essential oils lie in their complex mixtures of chemicals. It is through the olfactory and integumentary systems that essential oils enter the body by baths, compresses, inhalation, and massage.⁵ As indicated in Table 1, caution must be exercised with essential oils.

Clinical research with essential oil of lavender supports its ability to tone and calm the nervous system, relieve anxiety, and help to induce sleep.^{6–13} The many ways essential oil of lavender can be prepared and used appear in Table 2.¹⁴

Self-Massage

Lavender aromatherapy oil or lotion can be used to help the body and mind relax. There are many parts of the body that can be self-massaged: the back of the neck, shoulders, lower back, hands, arms, chest, abdomen, legs, and feet. It is important to

TABLE 3

Breathing Exercise for Calming and Balancing

Sit comfortably with eyes open or closed. Mentally recognize the breath you take in by saying, “Breathing in, I know I am breathing in. And as you breath out, say, Breathing out, I know that I am breathing out.”

This simple exercise is a good place to begin bringing awareness to the life force and experiencing the present moment. Using the breathing-in-and-out exercise just described, try reciting silently:

“Breathing in I calm my body. Breathing out I smile (sic, allow a smile to come to your face). Dwelling in the present moment, I know this is a wonderful moment.”

“Wearing a smile on your face is a sign that you are a master of yourself.”

*Thao Hanh, *I, Peace Is Every Step*. New York, NY: Bantam, 1991: 8–10.

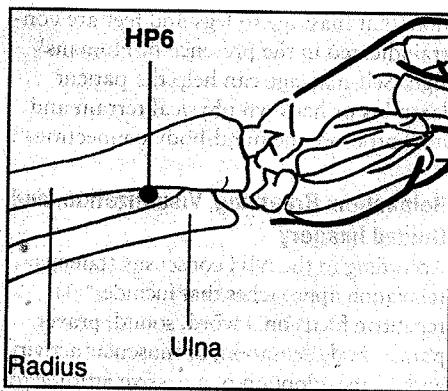


Figure 1. Acupressure techniques for relieving anxiety. **Tonify:** Calm overactive chi or disperse blocked or stagnant chi. Apply stationary pressure to the HP6* point with thumb and finger tip, perpendicular to the point. Hold for 2 minutes. **Disperse:** Encourage smooth flow of chi along the channels. Apply moving pressure with thumb or fingertip in nine circular movements, or pump in and out on the point for 2 minutes. **Calm:** Use the palm to cover the point, or apply light moving pressure with gentle stroking for 2 minutes. **Note:** for acute short-term conditions, the points are treated two times daily.

*HP6 is found two thumb widths up from the wrist crease in the center of the lower forearm. This point moves congestion in the chest and stomach and calms the mind. It helps relieve anxiety.

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looked like, sounded like, smelled like, felt like, and how restful it was to be there. Aromatherapy and music may be used during visualization and guided imagery. NP/CNMs can work with patients as guides in this strategy, and can recommend audiotapes to help patients use this strategy on their own. This is a good intervention to use at bedtime to help relax the nervous

system. These tapes can be obtained from a variety of sources. One such reliable outlet is that of the Academy for Guided Imagery, which can be accessed at: www.interactiveimagery.com.

Acupressure

Acupressure is the practice of pressing on acupuncture points with the fingers. Acupressure is one of the integrated components of traditional Chinese medicine. Acupressure/acupuncture works by correcting the balance of energy known as chi, or qi, in the body. Chi moves along 59 meridians in the body and can become excessive, deficient, wayward, or stagnant. In classical theory there are 365 acupressure/acupuncture points, but over time this theory has evolved to suggest that there are closer to 2000 such points.¹⁶ The NP/CNM can instruct patients to use acupressure techniques for stimulating the HP6 (heart protector) point to help calm the mind, and so relieve nonpathological anxiety. Figure 1 illustrates the HP6 point.¹³

Summary

Through knowledge and experience, NP/CNMs continue to develop ideas about encouraging health and preventing disease. Complementary philosophies and therapies offer strategies that can be brought to NP/CNM practice to promote well-being and support patients in care-of-self. *

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Promoting Care-of-Self in Type 2 Diabetes Mellitus: The HbA_{1c}

Joanne K. Singleton, PhD, RN, CS, FNP, and Mary Joan Vaccaro-Olko, MS, RN, FNP, CDE

A diagnosis of chronic illness can be a catastrophic blow. When the diagnosis is Type 2 diabetes mellitus (DM), patients must assess their lives and determine what changes may be necessary to live healthfully. This article will discuss Type 2 DM and strategies nurse practitioners (NP) and certified nurse midwives (CNMs) can use to improve patient outcomes and provider satisfaction.

Chronic Illness and Care-of-Self

As the result of aging baby boomers, and the concomitant increase in chronic illnesses, more people in the 21st century will be diag-

nosed and live with chronic conditions than ever before. Healthcare providers are challenged to go beyond the bio-medical disease management approach and keep the person as the focus of care. Relationship-centered care (RCC) is a practice model focused on the person and the therapeutic significance of the patient-provider relationship.¹ There is a good fit between the RCC model and NP/CNM practice because the practice is grounded in a holistic philosophy, which values the bio-psycho-social-spiritual self and recognizes health as an active process. The developing concept of care-of-self sup-

ports the belief that through therapeutic relationships providers can assist patients in meeting their integrated needs.²

In the RCC model, providers are seen as coaches who, by sharing their knowledge, create an atmosphere in which patients are encouraged to participate in care-of-self. Learning how to accept and care for one self after being diagnosed with a chronic illness presents multiple challenges. Not only does it result in an alteration in one's perception of self, it requires accepting a changing self. Accepting the emerging self is reflected in the individual's participation in developing and following a plan of care. Even when the patient has been intricately involved in its development, they will fluctuate in following the plan. Essential elements for patients to develop effective plans for care-of-self, include: