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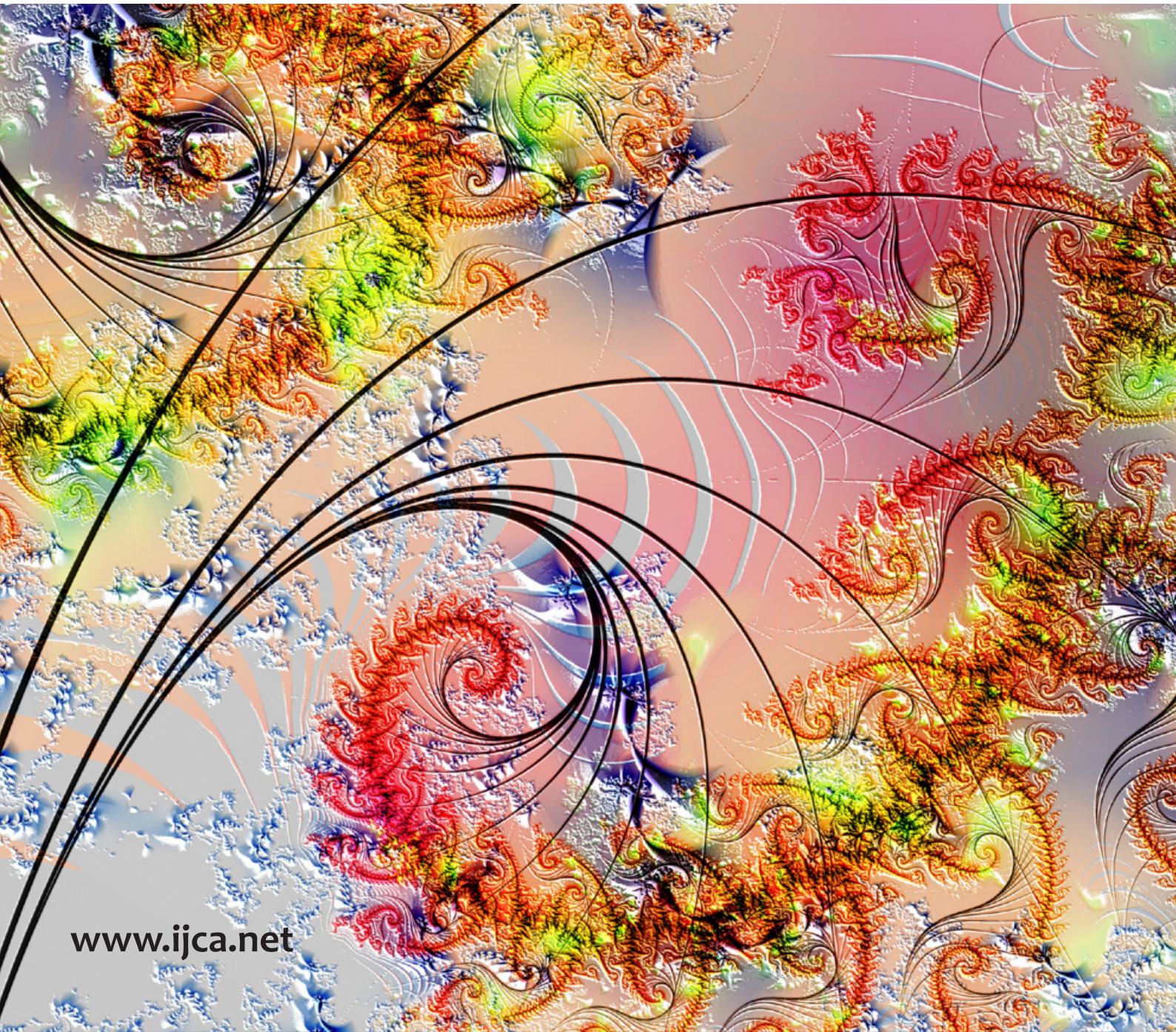

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Editorial

In recent years there has been an important shift in approach for the management of complex chronic and life-limiting diseases that are typically accompanied by a high symptom burden. Increasingly, health care professionals are including the patient in a dynamic, engaging and responsible relationship with regards managing their own symptoms, emphasizing patient responsibility, enhancing self-efficacy and encouraging healthy behaviours. As a result, across a number of disease states, health outcomes have improved along with reduced symptom reporting and positive improvements in quality of life (Hoffman, 2013; Grady & Gough, 2014).

As symptoms are by their very nature subjective physical or psychological experiences of ill health or dysfunction, patient autonomy is paramount along with education, support and monitoring. This organic and holistic approach to empowering patients to actively identify and cope with their symptoms is beautifully supported with the judicious use of essential oils. Self-care is the key to effective care and aromatherapy offers both physical and psychological benefits that can easily be incorporated into the patient's daily routine. Promoting self-care demands skill and commitment on the part of the therapist; optimum efficacy is obtained when interventions are tailor-made and specific to the symptom in question, readily implemented with clear instructions, realistically achievable and measurable in terms of outcome. The therapist-patient relationship is necessarily one of collaboration and engagement that extends to and includes other members of the health care team as well as the patient's family. In this issue of the IJCA we include three papers that offer examples of aromatherapeutic approaches that require engagement and motivation on the part of the patient and that lead to positive and measurable aromatic benefits.

Hoffman AJ. Enhancing self-efficacy for optimized patient outcomes through the theory of symptom self-management. *Cancer Nurs.* 2013;36(1):e16-e26.
Grady PA, Gough LL. Self-management: a comprehensive approach to management of chronic conditions. *AM J Public Health.* 2014;104(8):e25-e31.

Rhiannon Lewis

Insomnia in patients with cancer: The potential of aromatherapy

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Sleep disturbance is highly prevalent in the cancer population. Patients report difficulties getting off to sleep, maintaining sleep and waking too early, all of which contribute to an increase in daytime-napping and fatigue (Davidson et al, 2002). Characterised as insomnia, there is currently limited evidence to support interventions which aid sleep in this patient group. Consequently, clinicians are guided by insomnia management of the general population which is predominantly pharmacological and does not necessarily address the specific and often complex issues experienced by patients with cancer.

Qualitative studies identified that the primary concerns of these patients in relation to sleep disturbance are: worry and anxiety, hot flushes, night sweats, difficulty in finding a comfortable position and restless leg syndrome (Davidson et al, 2007; Flynn et al, 2010). Patients also report a preference for non-pharmacological interventions (Davidson et al, 2007). Within aromatherapy, insomnia and the management of psychological and menopausal issues have been central areas of research within the general population (Buckle, 2015). Whilst these interventions are promising for patients with cancer, the broader potential of aromatherapy is yet to be fully evaluated in this patient group. This paper explores insomnia as it relates to patients with cancer and considers several areas where interventions to optimise sleep quality can be seamlessly integrated into clinical practice and guide future research initiatives.

Introduction

Sleep is a fundamental human requirement. However, sleep problems are common in the general population with approximately 10-15% suffering insomnia associated with stress, illness, medication and ageing (Palesh et al, 2010). The National Sleep Foundation (2017) characterises insomnia by its impact on a person's sleep quality and quantity which relates to difficulties in getting off to sleep, maintaining sleep, or returning to sleep after waking early. This can occur either singly, or in a combination, which significantly impacts daytime functioning and has occurred for three nights a week for at least three months.

Epidemiological studies report that within the general population, women experience insomnia more frequently than men, with a higher prevalence in individuals who are separated, divorced or widowed, together with an increase in anyone who is unemployed or of a low income (Ohayon, 2002). Whilst these factors co-exist in patients with cancer, Palesh et al (2010) report a higher prevalence of insomnia in this patient group (30-50%), although this may be somewhat under-estimated given that not all patients report sleep disturbance to their clinical teams (Engstrom et al, 1999). In patients with advanced staged disease, Mystakidou et al (2009) estimates between 45-95% experience insomnia.