# The Effect of Massage Therapy Depends on the Context

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# Dear Editor,

The article The Effects of Massage Therapy by the Patient's Relative on Vital Signs of Males Admitted in Critical Care Unit written by Adib-Hajbaghery et al. (1) contributes important information to the field of complementary treatment methods. Most complementary treatment methods, such as massage therapy, are frequently recommended in nursing literature. There is still a lack of evidence, specially, about how and when these methods should be used in clinical practice. For example, my colleagues and I investigated the experience of massage therapy in children with cerebral palsy (2). The results demonstrated that these children did not always enjoy the intervention and their heart rate did not decrease compared with that of the control group. Despite the fact that this was a pilot study, which means that the results should not be taken in high evidence, the results indicated an important hypothesis. This hypothesis suggests that the effect of massage therapy probably depends on the context, which means that massage therapy does not work in every context. In fact, the opposite is true, and nurses should handle massage therapy with care because this intervention has both positive and negative effects. Nurses should decide carefully, for example, who should give the massage therapy to the patient. In the pilot study, a massage therapist gave the massage therapy to the child, and this was also the case when Henricsson et al. (3) investigated a form of massage therapy, i.e. tactile touch, in adults who were treated in an intensive care unit. The results of that study was similar to that of the pilot study, which means that it did not show significant differences for heart rate or systolic blood pressure for patients in the intervention group. The opposite was shown in the study by Adib-Hajbaghery et al. (1) in which heart rate and systolic blood pressure decreased significantly in the intervention group. There are several differences between the designs of these studies, such as the time of day the massage therapy was carried out. However, one of the main differences between the studies was that in the one by Adib-Hajbaghery et al. (1), relatives gave the massage therapy while Henricsson et al. (3) used massage therapists for this purpose. Patients in hospital, especially when they are unable to protest, are vulnerable, and it is important not to violate their integrity. In these circumstances, the choice of massage therapist probably influences the effect of the massage therapy. A person

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who is familiar to the patient, i.e. a relative, could probably give better outcomes. More research is needed, specially, to confirm whether relatives or massage therapists should give the massage therapy to the patient. This will probably still depends on the context, and it is not clear whether all contexts or patients need relatives to give the massage therapy. In any case, nurses will need to be aware that massage therapy needs both indications and contraindications. Finally, more studies are needed to evaluate whether relatives should give the massage therapy to the patients.

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