

The Use of Acupressure to Manage Anxiety in Hospitalized Orthopedic Trauma Patients Requiring Surgical Intervention

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Doctoral Dissertation

Intro: Acute Stress Disorder describes the acute stress phase following the exposure of a traumatic event. One specific population at risk for ASD is hospitalized orthopedic trauma patients. Presently, treatment of ASD and its sequelae, such as anxiety, is limited to conventional methods such as cognitive behavioral therapy (CBT) and pharmacologic management.

Aim: The use of complementary and alternative medicine (CAM) to manage health care outcomes, such as anxiety, is on the rise. CAM therapies have been studied for their safety, efficacy and cost efficiency in anxiety reduction and may have a place in the treatment of ASD. Acupressure, a type of CAM therapy, uses manual finger pressure on accepted acupoints. It is considered a form of acupuncture and is hypothesized to release neurotransmitters that contribute to relaxation. It has been previously demonstrated to be without adverse effects. The SEVA acupressure protocol was developed to elucidate a relaxation response, in patients experiencing stress/anxiety. The goal of this study is to determine the utility of the SEVA protocol in reducing anxiety in the aforementioned patient population.

Methods: A convenience sample of 14 patients from an orthopedic trauma center was screened and recruited into the study. Using a mixed methods approach, the Visual Analog Scale-Anxiety (VAS-A) was used to measure anxiety scores before and after the SEVA protocol was administered and; descriptive phenomenology was used to describe the patient's experiences with acupressure.

Results: There was a statistically significant difference in anxiety over time after the SEVA protocol was administered ($f =$, $p <$). Additionally, qualitative results include reports of feeling "relaxed" and "safe."

Implications: Acupressure is an inexpensive, non invasive for management of anxiety in the hospitalized orthopedic trauma patient population. Implications for practice include teaching this protocol to staff as part of daily care for the patient and expanding its use to other patient care areas of the hospital