The Effect of Orange Essence Aromatherapy on Anxiety in School-Age Children with Diabetes

ALI SHARIFI1, MINOO MOTAGHI2, MILAD BORJI3,4* and MOHSEN MORADI5

1Department of Internal Medicine, Faculty of Medicine, Ilam University of Medical Sciences, Ilam, Iran.
2Nursing Department, Faculty of Nursing and Midwifery, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran.
3MSc Student in Community Health Nursing, Young Researchers and Elite Club, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran.
4Nurse, Faculty of Nursing and Midwifery, Ilam University of Medical Sciences, Ilam, Iran.
5Student Research Committee, Ilam University of Medical Sciences, Ilam, Iran.
*Corresponding author E-mail: borji_milad@yahoo.com

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This study aimed to determine the effect of orange essence aromatherapy on anxiety in school-age children with diabetes, as anxiety reduction would be expected to have a positive impact on health in this population. This clinical trial enrolled 60 children with diabetes, who were randomized to either the experimental or the control group (30 in each group). For the children in the experimental group, two drops of orange essence were poured on to a strip of gauze inside an open box, which was then held at a 5-cm distance from the child’s nose. The children were then asked to breathe deeply for a span of 2 minutes. The control group received only routine care for diabetes. Data were collected using the Spielberger State-Trait Anxiety Inventory and the Revised Children’s Manifest Anxiety Scale. Data were analyzed using SPSS version 19 to perform descriptive and analytical statistical tests. No significant difference was observed between children’s anxiety in the experimental and control groups (P>.05) prior to the use of orange essence aromatherapy. After the therapeutic intervention, the anxiety of the experimental group significantly decreased compared to that before the intervention (P<.05). Orange aromatherapy, which is non-pharmacological and non-invasive, may be a useful complementary medical treatment for the management of anxiety in children with diabetes.

Keywords: Orange essence, anxiety, diabetes, child.

INTRODUCTION

Diabetes is a health challenge and widely affect the lives of patients with diabetes. So that one of the most common metabolic diseases in children is type 1 diabetes. Now in Iran, patients with diabetes type 1 are reported between 5-10%, and it is increasing about one percent annually. That's why the World Health Organization has called the disease a silent epidemic. There are several complications for diabetes patients. Among them, one of the complications that may negatively affect these patients, is psychological factors related to the quality of life. Stress and anxiety caused by diabetes, in addition to the physical and mental effects, is one of the major causes of depression in these patients. It also can reduce concentration and lead to disorders related to decision-making skills, as a result, disorder in communicating with the therapist and that's why it reduces the effect of psychological interventions. Anxiety is referred to vague and fear feeling and respond to internal and external stimuli that can have much cognitive, behavioral, emotional and physical symptoms. Anxiety is one of the most common psychological reactions to the beginning of stress and all people may experience it. Anxiety in children is detected by several symptoms like persistent inquietude in the field of sorrow or unrealistic fear. Reducing anxiety in children who have experienced disease and hospitalization is
very pleasant and helpful for parents and their children.

Anxiety leaves different symptoms within physiological, emotional and communicational areas. Among physiological symptoms of anxiety, changes in appetite, muscle tension, headache, lethargy, palpitations, weight changes, and sleep disturbances could be mentioned. Among emotional symptoms of anxiety, reduction in the power of concentration, forgetfulness, vain thoughts, worries, frustration and irritability could be named. Anxiety would also leave different communicational symptoms such as, loneliness, having few friends, being irritable, lowering threshold tolerance, reluctance to talk.

To reduce anxiety, benzodiazepines was often used that needs doctor’s prescription and may produce side effects such as nausea, vomiting and drug habits. The use of non-pharmacological methods such as aromatherapy is a complementary treatment that considers the whole human being. In a way that this type of treatment does not need doctor’s prescription, and it can be independently run by nurses, hence is of utmost importance. Results of previous studies show that aromatherapy works for skin wound healing, reducing anxiety, pain and fatigue. To reduce stress and anxiety, various fragrances such as lavender, orange and rose is used.

One of the vegetable essences is essential of orange. Orange is a tree plant and a subcategory of sour orange that is grown in different parts of Iran and it is medically used to treat liver disorders, colds, problems related to postmenopausal bile, digestive disorders, skin rashes, and rheumatism. Given the prevalence of anxiety in schoolchildren with diabetes and the role of orange aroma in reducing anxiety in patients, this research aimed to determine the effect of orange essence aroma on the anxiety of school age children with diabetes in Ilam.

MATERIALS AND METHODS

The present clinical trial was conducted on 60 patients (30 experimental and 30 control persons) of school-age children with diabetes in Ilam. Inclusion criteria were having type 1 diabetes, aged 6 to 12, living in Ilam and informed consent to participate in the study. Exclusion criteria were lack of desire to participate in the study, the existence of any crisis for the client during the intervention, presence of asthma and allergies in children, known psychiatric disorders in children, sensory and motor disorders in children, gaining more than 6 points in the area of polygraph of children’s manifest anxiety and having anxiety-lowering pills in a month before and during the intervention.

First the aim of this study was explained for parents and their children and in case of informed consent of parents and children to participate in the intervention, the aromatherapy began. Data were collected by the Spielberger Trait Anxiety Inventory and the revised children manifest anxiety scale. If children in the study gained scores more than 40 in the Spielberger Trait Anxiety Inventory, then they were excluded. After rejecting the children with anxiety character in the experimental group, rash and smell tests were performed. In skin allergy test, 0.2 milliliter of cardamom solution covered with hypoallergenic adhesive was placed under children’s arm. Then, the next evening by visiting children and their examination, in case of the presence of allergy symptoms, children were excluded. To perform olfactory test, the ability to detect the smell of orange solution, was considered as the capability of detecting pleasant smell of orange for children.

After rejecting the children with anxiety character as well as the existence of respiratory and skin allergies, anxious behavior questionnaire was completed by interviewing children. This questionnaire has 37 questions which investigate the manifest anxiety in the three areas of physiological, social, and worry anxiety. In this questionnaire 28 questions are related to indicators of physiological, social and worry anxiety (score 0-28), and 9 questions are related to the polygraph
scale (score 0-9). Each question is responded as yes (score 1) and no (score zero), and if the score of anxiety scale is low, it suggests lower anxiety level and if the polygraph score is low it implies more sincerity in responding to questions by the children. It should be noted that if the polygraph scores were above 6, the samples were excluded from the study. The reliability of this questionnaire in the study have been approved by the study of Taghavi et al.12

To split the children in the two control and experimental groups, inside two A and B envelopes, the name of each experimental and control groups were written, and children chose one of the envelopes every day. For experimental group, aromatherapy was conducted by orange essence 3 times a week (Saturday, Monday and Wednesday) before bedtime for two weeks. The control group received only routine care as previous. For the children in experimental group, two drops of orange essence were poured on one gauze inside an open box, and it was hold at a distance of 5 cm from the children’s nose and the children were asked to take deep breaths for a period of two minutes. Then the anxiety questionnaire was filled before and after intervention for the children in experimental and control groups. It should be noted that the phone number of the researcher was given to children so as to call in case of any questions.

Ethical considerations in this study include approval of the ethics committee at the University of Medical Sciences, random assignment of experimental and control groups, obtaining the informed consent of parents and children, no cost to the patient, explaining the nature of the research to the patients, complying Declaration of Helsinki and the Belmont. Data were analyzed using SPSS Version 21 and descriptive and analytical statistics tests. In all cases, the p-value was considered less than 0.05.

RESULT

The findings of this study showed that children between demographic characteristics of the study showed no statistically significant difference (p > .05). (Table 1).

Results Table 2 shows the mean and standard deviation of physiological anxiety, worry and social anxiety experimental and control groups before and after the show. Statistical tests showed that the physiological anxiety, worry and social anxiety before the intervention and control groups
was not statistically significant difference (p > .05). But after the intervention of concern and sensitivity, social anxiety and generalized anxiety patients showed significant statistical difference between test and control groups. (P < .05). The findings also showed that patients in physiological anxiety test before and after the intervention and control significant difference was observed. (P > .05).

**DISCUSSION**

This study aimed to determine the effect of aromatherapy with essence orange on anxiety in children with type I diabetes. The findings of this study showed that aromatherapy with essence of orange reduces anxiety in children with type I diabetes. Aromatherapy affects in two physiological and psychological ways. Several studies have shown that vegetable oils contain chemical components that have many effects on mind and feeling. Aromatherapy enters the body through the skin or one’s olfactory system and then stimulates the olfactory receptors. This allows transmission of messages by the olfactory nerve above the nose to the olfactory bulb, which is adjacent to the limbic system, and leads to impact on memory, emotions, spirit and feelings of the person.

The findings of this study showed that children’s anxiety in the experimental group after aromatherapy with essence of orange had a significant decrease. Canaani et al. studied the effects of aromatherapy with essence of orange on the anxiety of patients undergoing hemodialysis; they used a paper tissue wetted with a drop of orange essence for 15 to 20 minutes, three times a week for 4 weeks as aromatherapy. The results showed that after the aromatherapy, the manifest and hidden anxiety levels of patients was significantly reduced. In the study by Lehrner et al. which aimed to compare the impact of aromas of orange and lavender, and music therapy on anxiety of patients visiting dental office, findings suggested that the anxiety of patients who had received orange aroma, was significantly lower, which is consistent with the results of this study on the positive effects of aromatherapy in reducing anxiety in patients.

In the study of AlijaniRannani et al., orange aromas were given to school-age children with leukemia, as 3 days per week and 3 times per week. Results showed that the aromatherapy improved sleep quality in these patients. In the study by RashidiFakkari et al. that aimed to determine the influence of aromatherapy with essence of orange on severity of pain of nulliparous women, patients were divided into three groups. Geranium essence was given to the intervention group (A), orange essence was given to the intervention group (B), and for the control group distilled water was provided. The results showed that pain intensity was significantly reduced in the experimental group with orange aroma, but in group with geranium essence and control group no significant difference was observed.

One of the strengths of this study is to implement aromatherapy with orange for school-age children with diabetes, which is not addressed.

**Table 2: Jdvl2-comparison of the mean and standard deviation of school-age children with diabetes before and after the intervention**

| Outcome Measure | Group     | Experimental Group Mean(SD) | Control Group Mean(SD) | P value | P value |
|-----------------|-----------|-----------------------------|------------------------|---------|---------|
| physiological   | Before    | 6.10(2.36)                  | 5.63(2.22)             | 0.53    | 0.44    |
|                 | After     | 5.10(3.56)                  | 5.57(2.02)             |         |         |
| worry anxiety   | Before    | 5.43(2.43)                  | 5.87(1.75)             | 0       | 0.43    |
|                 | After     | 3.00(2.16)                  | 5.93(1.55)             |         |         |
| social          | Before    | 5.47(2.27)                  | 5.43(1.75)             | 0.02    | 0.94    |
|                 | After     | 4.00(2.71)                  | 5.40(1.77)             |         |         |
| Anxiety total   | Before    | 17.00(4.37)                 | 16.93(3.91)            | 0       | 0.95    |
|                 | After     | 12.10(5.54)                 | 16.90(3.67)            |         |         |
in previous researches. Among weaknesses and limitations of this study it can be pointed out that the aromatherapy is not performed by the researcher himself, and just the training is given to parents and children, and they have used aromatherapy at home. In fact, the researchers have carried out the follow-up by phone. Also in this study, a questionnaire was used to assess anxiety and clinical examinations have not been used.

CONCLUSION

Due to the positive effects of aromatherapy on anxiety in school-age children with diabetes it is suggested that this complementary treating method, which is a non-drug and non-invasive alternative, be performed to reduce anxiety in children with diabetes.

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