



Clinical efficacy of the Caring Massage® on palliative patients

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Background

There is growing evidence that palliative cures like Virtual Reality with music therapy (VR-MT) (1) or telemedicine models like the TANNER project (2) offer promising non-pharmacological approaches to directly mitigate acute symptom burdens. The clinical efficacy and quality of life improvement of these innovative palliative interventions are validated using comprehensive and robust assessment tools, specifically the Integrated Palliative care Outcome Scale (IPOS) (3) and the McGill Quality of life questionnaire (4,5).

Objective

To assess the impact of the Caring Massage® in palliative care on patients' quality of life, symptom management, and functional status in a two-weeks intervention. The Caring Massage® is a conscious and intentional touch-based practice that, within the care relationship, aims to foster gentleness in caregiving gestures. In appropriate clinical or care settings, trained professionals may offer specific sequences adapted to the individual needs and condition of the person living with illness.

Methods

Data Collection. A longitudinal study was conducted, collecting data at three successive time points T0 (baseline), T1 (after 7 days), T2 (after 14 days) using the following measurement treatments:

- McGill_QOL, to measure quality of life, higher scores indicate better quality;
- IPOS to assess symptom severity, higher scores indicate worse pain;
- AKPS to assess the patient's level of independence.

Analysis. Prior to analysis, multiple imputation was conducted to handle drop-out due to patient mortality. Data analysis using R software included: descriptive statistics at baseline (T0), calculation of means and standard deviations across the 3 time points and a mixed model across the three time points to assess the impact of the Caring Massage® in palliative care on patients' quality of life.

Results (I)

Table 1 — Characteristics of study participants

Characteristics (n=79)		n	%
age (years), mean=75.3, SD=12.92	≤65	14	17.7
	66-75	20	25.3
	76-85	31	39.2
	≥86	14	17.7
gender	male	40	50.6
	female	39	49.4
diagnosis	Tumor	75	94.9
	Other	4	5.4

The sample is composed of 79 subjects, 39 women (49.4%) and 40 men (50.6%). The average age is approximately 75 years (SD 12.9, range 26-96) (Table 1). Of these subjects, 30 (38%) received therapy for anxiety, 53 (67%) received therapy for pain, 8 (10%) received therapy for dyspnea and 37 (47%) received it for insomnia.

12 June 2026

Results (II)

Table 2 — Table of raw means (and standard deviations) calculated for the McGill and IPOS scores in the three timeframes.

The raw mean of the McGill scores increases over time, indicating a better quality of life, while the raw mean of the IPOS score decreases, suggesting lower pain levels at the end of the study.

	MCGILL	IPOS
t0 (Baseline)	6.18 (SD=1.75)	14.67 (SD=4.95)
t1 (7days)	7.02 (SD=1.64)	11.70 (SD=6.30)
t2 (14days)	7.54 (SD=1.49)	10.70 (SD=6.68)

MCGILL					
	Stima	se	Limiti di confidenza al 95%		P
(Intercept)	5,590	0,284	5,033	6,147	<0.001 ***
time7 gg	0,852	0,206	0,439	1,265	<0.001 ***
time14 gg	1,439	0,183	1,080	1,799	<0.001 ***
etac2	0,407	0,277	-0,136	0,950	0.142
etac3	0,782	0,265	0,262	1,302	0.003 **
etac4	0,865	0,319	0,237	1,492	0.007 **
McGill_QOL_T0	0,590	0,059	0,471	0,709	<0.001 ***
sexo F	0,164	0,188	-0,205	0,532	0.384
AKPS	0,009	0,017	-0,028	0,046	0.610
ter_bisogno_dolore	-0,119	0,105	-0,325	0,087	0.257

Table 3 - Mixed model across three time points. Statistical significance of time (7 gg and 14 gg), class of age (etac3, etac4) and McGill score at T0 (McGill_QOL_T0)

IPOS					
Coefficiente	Stima	se	Limiti di confidenza al 95%		P
(Intercept)	16,730	1,330	14,110	19,350	<0.001 ***
time7 gg	-2,861	0,815	-4,484	-1,238	<0.001 ***
time14 gg	-4,173	0,891	-5,985	-2,360	<0.001 ***
etac2	-1,912	1,313	-4,493	0,670	0.146
etac3	-2,018	1,267	-4,519	0,483	0.113
etac4	-3,093	1,522	-6,115	-0,072	0.045 *
TOT_IPOS_T0_Score	0,581	0,095	0,392	0,771	<0.001 ***
sexo F	-0,750	0,956	-2,664	1,164	0.436
AKPS	0,003	0,065	-0,130	0,137	0.959
ter_bisogno_dolore	0,240	0,484	-0,716	1,195	0.621

Table 4 - Mixed model across three time points. Statistical significance of time (7 gg and 14 gg), class of age (etac4) and IPOS score at T0 (TOT_IPOS_T0_Score)

The improvement of McGill (Table 3) and IPOS (Table 4) values is statistically significant over time (b=0,852 and b=1,439 for McGill scale, b=-2,861 and b=-4,173 for IPOS scale), especially for the class of age over 86 in both of them (b=0,865, b=-3,093, respectively) and for the class of age between 76-85 (only for the McGill scale, b=0,782). This means that quality of life improves and the symptoms severity decreases in the span of the two weeks of treatment. The sex, the AKPS score and the need for pain treatment are not statistically significant (p>0,05) for the improvement of the patients conditions over time.

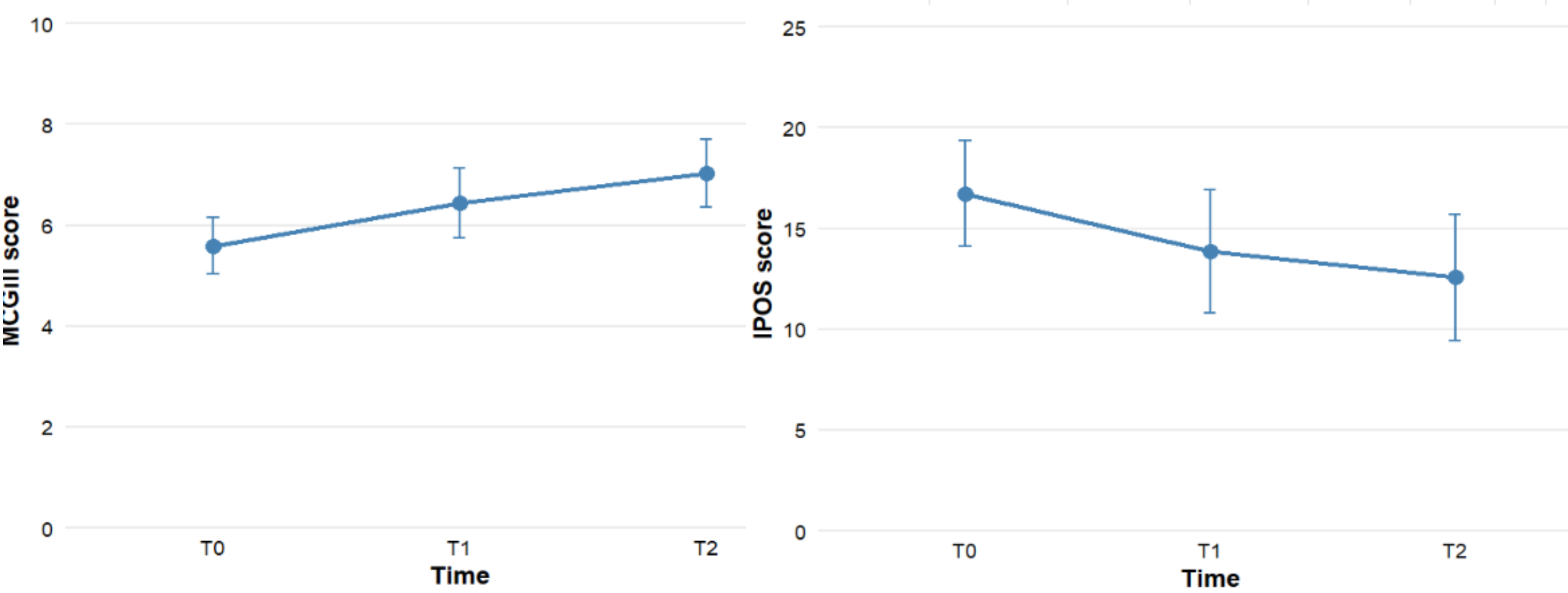


Figure 1 -The McGill scores at the three time points refer to the reference category for the model, i.e., age under 65, mean McGill score at T0, male sex, mean AKPS score, and no as-needed pain therapy.

Figure 2 -The IPOS scores at the three time points refer to the reference category for the model, i.e., age under 65, mean IPOS score at T0, male sex, mean AKPS score, and no as-needed pain therapy

Conclusions

The Caring Massage® leads to a significant reduction of pain and to an improvement of quality of life in patients, measured by constructs such as McGill quality of life questionnaire and Integrated Palliative care Outcome Scale (IPOS), and it plays a big role in palliative medicine.

References

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