WHY DO CLIENTS USE DRUGS? To promote healing (anti-inflammatories), to treat infection (antibiotics), to slow/stop disease progression (chemotherapy), to reduce complications (anticoagulants), to reduce pain (narcotics), to replace hormones (estrogens, insulin), & to regulate neurotransmitters (antidepressants).

ROUTES: Oral & injection (intradermal, subcutaneous, intramuscular, intravenous), Inhalation & transdermal (skin, oral, rectal, vaginal, eyes). Drugs can also be inhaled or absorbed through skin & mucous membranes.

ASK CLIENTS: Are you taking any meds? Why are you taking them? Have you or are you experiencing side effects? How are the meds administered?

WHY ARE YOU TAKING THEM? This question is used to gain insights. A Rose is a Rose is a Rose… this phrase may be true in literature, but not in pharmacology because the same drug can be used for many reasons, so asking a client why a certain drug is taken is a good idea.

ARE YOU EXPERIENCING ANY SIDE EFFECTS? Some side effects require modifications. A client’s concern may be a side effect such as a headache may return quickly.

ADMINISTRATION? Injections: Avoid vigorous massage & heat/ice over sites of recent injection for 24 hrs. If hardened fascia, use deep-effleurage or friction. Be sure & respect the 24-hr rule. Pellets: avoid the area. Three exceptions to the 24-hr injection rule ~ vaccines, cortisone, & Botox. 72-hrs or longer. For live vaccines (ex: small pox), wait until the scab is gone. Drug Pumps: These devices deliver drugs such as insulin at regular intervals through a catheter placed under the skin of the abdominal wall. Avoid massage up to a 4-in radius around patch & catheter. Do not get lubricant on the sensor, transmitter, pump, or its tubing. Topical Applications: Avoid vigorous massage & heat/ice over application site & adjacent area for 24 hrs. For example, avoid the arm from shoulder to elbow if the topical agent is on the deltoid. Transdermal patches: Avoid vigorous massage & heat/ice over applied patches & 4-in radius. For example, avoid the arm from shoulder to elbow if the topical agent is on the deltoid. Massage lubricant may also interfere with the patch’s adhesive properties.

RESEARCH MEDS: Use reference books in their latest editions, such as the Physician's Drug Reference or Mosby's Drug Consult for Health Professions. Internet sites such as the FDA (www.fda.gov), the Centers for Disease Control & Prevention (www.cdc.gov) & the National Institutes of Health (www.nih.gov) have current drug information, as well as information related to specific diseases. Information can also be found within the package insert for drugs. Pharmacists are another source of drug information.

ASSESS VITALITY: Note muscle strength (sarcopenia [age-related muscular atrophy] & grip strength), self-reported fatigue, physical activity, & walking speed. Decide if client is robust/fit or frail/weak. In general, robust clients can receive more vigorous massage. Frail clients benefit from slower, gentler, more rhythmic massage.

MEDICATIONS FOR PAIN & INFLAMMATION: NSAIDS, corticosteroids, muscle relaxants, & narcotics. Massage related side effects are GI distress, bruising, reduced sensation, dizziness, drowsiness, skin rash, & constipation.

GI DISTRESS: Can include cramping, heartburn, nausea, diarrhea, & constipation. Avoid abdomen, use a semireclining position, & avoid rocking/shaking techniques, & suggest toilet use before & during massage if needed. More common with NSAIDS & narcotics.

BRUISEING: Weigh risks vs benefits. Ranges are no modifications to avoid deep, prolonged, or aggressive techniques. May be age-related & more common with corticosteroids.

REDUCED SENSATION: Weigh risks vs benefits. Ranges are no modifications to avoid deep, prolonged, or aggressive techniques. May lead to bruising/soreness. More common with muscle relaxants & narcotics.
DIZZINESS: Sit upright before standing. Perhaps massage shoulders. Remind client to move slowly & carefully. Be ready to assist. 
*More common with muscle relaxants & narcotics.*

DROWSINESS: Inquire about the degree of drowsiness the client may be experiencing. Stimulating techniques may be needed, depending on the client’s level of drowsiness. If indicated, use stimulating techniques such as superficial fiction or percussion to help rouse him or her. These can be done with the client prone or sitting up. 
*More common with muscle relaxants & narcotics.*

CONSTIPATION: Use abdominal massage, be sure & flex knees. Massage in a clockwise direction starting in the LLQ & proceed up, across, & down. 
*More common with muscle relaxants & narcotics.*

See YouTube video demonstrating abdominal massage [https://www.youtube.com/watch?v=B5VPJc6_1Q]

**MEDS FOR DIABETES MELLITUS:** Hypoglycemics & anti-diabetics. Massage related side effect is GI distress. Watch for S/S of hypoglycemia.

GI DISTRESS: See MEDICATIONS FOR PAIN & INFLAMMATION. 
*More common with hypoglycemics & anti-diabetics.*

HYPOGLYCEMIA: Causes are excessive hypoglycemic meds, increased physical activity, smaller-than-usual meals, & delayed or missed meals. SIGNS & SYMPTOMS: Confusion, disorientation, & slurred speech, sweaty, cool, pale skin, tremors, irritability, & fatigue. If a glucometer is available, use to determine if blood sugar is within their normal range. If left untreated, hypoglycemia can progress to insulin shock which can be fatal. FIRST AID MEASURES: Sweet food/beverage (honey, cake frosting, OJ, soda). Repeat in 10 min if client does not feel better. When client feels better or blood sugar stabilize, offer snack of carbs & protein such as crackers & cheese or peanut butter. If client becomes unconscious or if anything by mouth is unsafe, call 911.

**CARDIOVASCULAR MEDS:** Anticoagulants, antiplatelets, arrhythmics, angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers & alpha-receptor drugs, beta-blockers & calcium-channel blockers, vasodilators, diuretics, & lipid-lowering drugs. Massage related side effects are bruising, dizziness, increased urination, & headaches. Watch for severe/ persistent muscle weakness & joint pain.

BRUISING: See MEDICATIONS FOR PAIN & INFLAMMATION. 
*More common with anticoagulants & antiplatelets.*

DIZZINESS: See MEDICATIONS FOR PAIN & INFLAMMATION. 
*More common with anticoagulants, antiplatelets, arrhythmics, ACE inhibitors, angiotensin receptor blockers, alpha-receptor drugs, beta-blockers, calcium-channel blockers, vasodilators, & diuretics.*

INCREASED URINATION: Suggest toilet before massage & be prepared for toilet break during the session. Have a robe handy. 
*More common with diuretics.*

GI DISTRESS: See MEDICATIONS FOR PAIN & INFLAMMATION. 
*More common with anticoagulants, antiplatelets, & lipid-lowering drugs.*

HEADACHE: Headache targeted for the relief through massage may quickly return if it is the result of a drug side effect. Be sure this is conveyed to the client & reflected in your treatment plan. 
*More common with vasodilators, ACE inhibitors, angiotensin receptor blockers, alpha-receptor drugs, & calcium channel blockers.*

MUSCLE WEAKNESS & JOINT PAIN: If mild, no problem. If severe &/or persistent, this is a potential DANGEROUS side effect. Refer to appropriate healthcare provider ASAP for medical evaluation. 
*More common with lipid-lowering drugs.*

RESPIRATORY MEDS: Antihistamines, antitussives, bronchodilators, decongestants, & expectorants. Massage-related side effects are anxiety, GI Distress, dizziness, drowsiness, headaches, & dry mouth (coughing & meds contribute to dry mouth)

BREATHING DIFFICULTIES: Be sure to use a semireclining position, avoid or limit prone position, & ask the client to have any inhalers handy. Dry mouth is common so be sure to offer drinking water too.

ANXIETY: A more relaxing massage indicated. Be sure & use slower & more rhythmic techniques. 
*More common with antihistamines, bronchodilators, & decongestants.*
GI DISTRESS: See MEDICATIONS FOR PAIN & INFLAMMATION. More common with antihistamines, narcotic antitussives, decongestants, & expectorants (rare in expectorants).

DIZZINESS: See MEDICATIONS FOR PAIN & INFLAMMATION. More common with antihistamines, narcotic antitussives, & expectorants (rare in expectorants).

DROWSINESS: See MEDICATIONS FOR PAIN & INFLAMMATION. More common with antihistamines & narcotic antitussives.

HEADACHE: See CARDIOVASCULAR MEDS. More common with bronchodilators & expectorants (rare in expectorants).

FEMALE GONADAL HORMONES: Estrogens & progesterone. Massage related side effects are breast tenderness, & blood clots/DVT.

BREAST TENDERNESS: Position the client for comfort.

SCREEN FOR DVT: S/S are localized leg pain, swelling, redness, warmth, & tenderness. If these are present, avoid the lower extremity (legs/thighs) during massage. Then refer client to her physician for evaluation & treatment.

MEDS FOR MOOD DISORDERS: Antianxiety, sedative, & hypnotic drugs, antidepressants, & antipsychotics. Massage related side effects are dizziness, drowsiness, & anxiety. Watch for lithium toxicity.

DIZZINESS: See MEDICATIONS FOR PAIN & INFLAMMATION. More common with antianxiety drugs, sedatives, hypnotics, antidepressants & antipsychotics.

DROWSINESS: See MEDICATIONS FOR PAIN & INFLAMMATION. More common with antianxiety drugs, sedatives, hypnotics, antidepressants & antipsychotics.

ANXIETY: See RESPIRATORY MEDS. More common with antidepressants.

LITHIUM TOXICITY: While not common, this does occur. If you observe or if your client claims to be experiencing tremors, muscle weakness, lack of coordination, or blurred vision, this may indicate a serious side effect. Refer your client to his/his physician immediately for medical evaluation. This is more common with lithium.

REFERENCES:


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