Music therapy in dementia care

Perspectives on research

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Music therapy in dementia care: Perspectives on research

Background

Individual Music Therapy for Agitation in dementia: a randomized controlled trial

Nettverket Musikk og Eldre

Fall 2008, GAMUT/Uni Helse: Nordic network for Forsking og kunnskapsutvikling om musikk, musikkterapi og eldres. Network meetings with researchers and clinicians.

The effect of music therapy?

The effect of music therapy?

Cochrane Reviews

- Systematic reviews of primary research in human health care and health policy
- Internationally recognized as highest standard in evidence-based health care

Six reviews on MT:
- ABI (Brat, Magee, Dileo, Wheeler & McGilloway 2010)
- Autistic Spectrum Disorder (Gold, Wigram, Elefant 2010)
- Dementia (Vink, Bruinsma & Scholten 2011)
- Depression (Mortaza, Gold, Wang & Crawford 2009)
- End-of-life care (Brat & Dileo 2011)
- Schizophrenia (Mössler, Chen, Herdal & Gold 2011)

Conclusion for MT-Cochrane reviews: Positive except dementia. Need more Randomized Controlled Trials (RCTs)
Cochrane review on MT and dementia (Vink et al. 2011)

- Ten studies included (N=396)
  - Brotons (2000) RCT, crossover, N=26 (USA)
  - Clark (1998) RCT, crossover, N=18 (USA)
  - Gardner (2000) RCT, crossover, N=39 (USA)
  - Lord (1993) RCT, parallel group trial, N=30 (USA)
  - Groene (1993) RCT, parallel group trial, N=30 (USA)
  - Guétin (2009) RCT parallel group trial, N=30 (France)
  - Raglio (2008) RCT, parallel group trial, N=59 (Italy)
  - Raglio n.d., RCT, parallel group trial, N=60 (Italy)
  - Sung (2006) RCT, parallel group trial, N=36 (Taiwan)
  - Svansdottir (2006) RCT, parallel group trial, N=38 (Iceland)

Conclusion:
- Methodological quality of the studies was generally poor
- Results could not be validated or pooled for further analyses

Is Music Helpful?

- Aging & Mental Health - special issue on Music 14(8)
  - dementia care constitutes an ‘unsolved’ problem
- Many pharmaceutical treatments have been developed
  - But many aspects of the condition remain untreatable
  - Unwanted side effects exist
- Is music helpful for people with dementia?

Music and dementia (Spiro 2010)

Three dominant groups of symptoms of dementia, which have been suggested to be positively influenced by music:
- Memory (particularly autobiographical memory) and language retention
- Mood and depression
- Aggression and agitation

Meta-reviews confirming the effect of music

- Wall & Duffy (2010) The effects of music therapy for older people with dementia
- Review of 13 studies.
- Music therapy influenced the behaviour of older people with dementia in a positive way by reducing levels of agitation.
- The research further identified a positive increase in participants’ mood and socialization skills, with carers having a significant role to play in the use of music therapy.
- However, methodological limitations were apparent throughout each of the studies reviewed
Meta-reviews confirming the effect of music

- Hulme, Wright, Crocker, Oluboyede & House (2010) Non-pharmacological approaches for dementia that informal carers might try or access: a systematic review

- Review of 33 studies

- Whilst informal carers can apply some of the interventions highlighted in the home setting at little or no cost to themselves or to health or social care services, others are likely to require training or instruction.

- Service providers and commissioners should explore current and future provision of more structured group activities for people with dementia; in particular the provision of group music therapy and group exercise activities that meet the needs of both the person with dementia and their carer.


- Review of 215 intervention studies.

- The studies provide limited moderate to high quality evidence for the use of sensory-focused strategies, including aroma, preferred or live music, and multi-sensory stimulation.

Prevention of restraints in daily care

Collaboration between music therapist and staff

- Can music therapy and collaboration between the music therapist and staff prevent the use of restraints and the risk of work related injuries and stress?

- If so, how can this collaboration take place?

Participants

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<td>alzheimer’s dementia</td>
<td>dementia unit</td>
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<td>f</td>
<td>88</td>
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<td>E</td>
<td>m</td>
<td>61</td>
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<td>dementia unit</td>
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</tbody>
</table>


Data

- Questionnaires: neuropsychiatric behaviour, use of restraints and work environment. Filled out by staff pre/post.

- Focus group meetings based on results from questionnaires.

- Referral and music therapy treatment plan

- Evaluation of music therapy course. Audio/video recordings

- Summaries from staff meetings and focus group meetings

- Supervision rapport: reflection on clinical problemens and interventions

- Catalogue of ideas to music interventions and activities from music therapist to staff

AMA-måling (person A)

Neuropsychiatric Behaviour

Restrains

work related injuries and stress

(Alfred 2011)
BPSD is seen as a risk factor → MT

Collaboration and supervision: from theory to praxis

Education: staff are introduced to MT techniques

Reduction of use of restraints

Music therapy and dementia – Oktober 2012

Themes that came up in supervision of staff

- Soundscapes and sound pollution. How sounds stimulate or over-stimulate people with dementia
- Validation of emotions using songs. Which emotional themes came up in the music therapy
- Activities that facilitate contact between people with dementia
- The use of body language
- Empowerment
- Using a lower voice pitch when singing
- How to facilitate social interaction
- Arousal regulation
- Positive interactions (Kitwood): facilitation, holding, validation, recognition, negotiation

Ongoing research in MT and dementia

Anke Coomans (Belgium)
Music Therapy and Dementia: the value of musical improvisation for the development of a therapeutic relationship in music therapy with people suffering from dementia.

Aase Marie Ottesen (Denmark)
Employment of music therapy and Dementia Care Mapping in a cross-disciplinary course for development of the musical and interpersonal competencies of the personnel with emphasis on advancement of quality of life and well-being among people suffering from dementia.

Ongoing research in MT and dementia

Individual Music Therapy for Agitation in dementia: a randomized controlled trial

Hanne Mette Rüdler, Aalborg Universitet – Pilotprojekt: Musikterapi med demenssyndrome – Marts 2011

Hanne Mette Rüdler – Music therapy and dementia – October 2012

Design
Data om deltagere
Deltagerkarakteristika indsamles fra kontaktpersonale

- Henvisningsårsag
- Diagnose og funktionsniveau
- Somatiske symptomer og helbredstilstand
- Daglige rutiner, ADL (Activities of Daily Living) og hjælpemidler
- Hukommelse og sprog
- Deltagelse i aktiviteter og sociale netværk,
- Tilknytning til boenhed/plejecenter/sykehjem
- Medicinering (før/efter)
- Livshistorie (v. anvendelse af Den Kvalitative Livshistorie)

Den Kvalitative Livshistorie

1. Nære relationer
2. Skole, uddannelse og arbejde
3. Interesser, aktiviteter og musik
4. Fællesskaber (forenings-, bo-, kollega- og trofællesskab)
5. Værdier/måder at leve på

Clinical method: Decision Tree:
Reciprocal description of MT’s choices made in individual music therapy with persons with severe dementia

One page form
To be filled out after each session by MT

One page form
Flowchart

Participant Mrs. A (MT)
- MT starting 7.09.2010
- Mrs. A referred to MT by head nurse, contact staff and music therapist
- Reason for referral: Agitation, anger outbursts
- Diagnose: Alzheimer’s Disease (frontal)
- MMSE: 13
- GDS: 6
- Medication at baseline and week 14: Ebixa (anti-dementia)

Where to learn more?

Center for Dokumentation og Forskning i Musikterapi: CEDOMUS
www.cedomus.aau.dk

Musik med personer med demens
AGT, Bjørn, Ridder, Hanne Mette
Arrangementer Musikterapi
Linker

Igangværende forskning på demens
- Nyheder
- Arrangementer Musikterapi
- Linker
References


