Music Therapy in Elderly Patients

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Introduction

Music therapy to promote enhanced sleep quality will be implemented at an assisted living facility. Residents 65 years of age or older will be able to sign up each quarter (January, April, July, and October) to be a part of this program. Each resident that is interested will be required to fill out a self-rated questionnaire to assess baseline sleep quality and disturbances. The questionnaire will be completed through therapy to assess effectiveness.

Each resident will be provided a CD player and their choice of music from a list. Music therapists can be available to help with selections if needed. All interested residents are encouraged to attend the information sessions.

Purpose

1) Enhance quality of sleep through implementation of evidence-based practice for older adults
2) Promote relaxation and reduce anxiety, both promoting well being and better sleep quality
3) To provide and adhere to evidence-based practice guidelines regarding music therapy

Supportive Data

Music, although it may not effect vital signs in sleep quality, may show substantial improvements in sleep scores and is a non-invasive method to rest sleep (Chan, M. F., 2011) [M.L.H].

Music can be the helpful in decreasing anxiety related to poor sleep quality while concurrently increasing relaxation, both leading to better sleep quality (Johnson, J., 2003) [M.L.H].

Music therapy provides significant benefits to sleep quality and quantity without inherent side effects (Nav Nattaya, Lonthairiya, & Hartcher-Kreimer, 2009) [M.L.H].

Music therapy enhances endogenous opioids by activation of the central nervous system which is advantageous for patients with chronic sleep disorders and/or chronic diseases (Wang, Sun, & Yang, 2014) [M.K.H].

It is shown that listening to music may act as an effective intervention to improve sleep quality and allergy depression levels in a group of older people (Chan, Chao, W, Ma, 2003) [F.L].

Barriers to Study

Patients with cognitive disabilities would be excluded from the study

Some patients may be disappointed with the options provided for the music therapy solution

Patients may fail to see any benefits from the therapy and choose to withdraw from the study

Music therapy will not address certain medical issues (i.e., Sleep Apnea) that impact a person’s sleep quality

Patients may feel they are not seeing benefits from the therapy and choose to withdraw from the study

Some patients may be disappointed with the options provided for the music therapy selection

The intervention will be evaluated using the Pittsburgh Sleep Quality Index (PSQI) tool (link below).

The 19 questions are separated into seven component scores, each of which is scored “0 – 3”. “0” indicates no difficulty, and “3” indicates severe difficulty. The component scores are combined to form a “global” score.

The components include: 1) Subjective sleep quality, 2) Sleep latency, 3) Sleep duration, 4) Habitual sleep efficiency, 5) Sleep disturbances, 6) Use of sleeping medications, and 7) Daytime dysfunction [F.L].

Behavioral Outcome

Implementation of a music therapy action plan.

What competing demands will impede music therapy implementation?

What health benefits would music therapy help you achieve?

Behavioral Cognitions

• Personalized...