

# Music therapy for DAISIES: capturing the well-being benefits of music in dementia within a specialist inpatient service



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## Background

St Andrew's neuropsychiatry pathway, part of St Andrew's Northampton, is a charity which prides itself on delivering a variety of specialist therapies designed to manage cognitive decline, reduce challenging behaviour and to encourage positive life experiences for people with dementia. The **DAISIES** - **Dementia Assessment and Intervention: Striving for Innovative and Evidence-based Services** initiative aims to ensure best evidence-based practice and drive continual service development through creating an overarching model of the service. Broad work streams cover the therapeutic approach, the physical environment, safety and risk and therapeutic activity. From this, the Activity Flower was created with the aim of considering the individual's needs for cognitive stimulation, reminiscence, meaningful and functional activity, individual therapy, expert-prescribed medication and social inclusion, particularly with those with advanced dementia and compromised communication. This poster aimed to formally outcome the impact of sessions conducted under the DAISIES project. The effective use of music therapy as an intervention for dementia has been well documented, yet there are many inconsistencies in method, treatment, and results. Meta-analysis studies have demonstrated the effect of music/music therapy to be highly significant, however a homogeneity analysis determined that the effect sizes were not consistent across studies (Koger, Chaplin, & Brotons, 1999). The successful use of music can also be found in moderate to severe cases of dementia, with observed reduction in behavioural and psychological symptoms of dementia (Raglio et al., 2008). This project hoped to capture the benefits of weekly music therapy sessions, with a focus on quality of life and wellbeing. This focus guided the choice of measures used. Sessions incorporated multisensory aims and a person-centred approach.

## Methods

- Weekly one hour music therapy sessions were facilitated with wellbeing measures taken of five patients over a 14 week period.
- The Bradford Well-being Profile (WIB) was used for the first six weeks of sessions, measuring changes in wellbeing for before, during, and after the session, in addition to a follow up measure later the same day.
- The Music in Dementia Assessment Scales (MiDAS) was used for the following six weeks, taking measures before the session, in the first five minutes, the most clinically significant five minutes, and then a number of hours following the session.
- For the final two weeks, both the WIB and MiDAS were used.
- The music sessions had a consistent structure in which patients were asked to recall the song chosen to begin the session from the previous week, active multi-sensory engagement through the use of instruments, reminisce, lyric sheets, and fact sheets, and to finish by selecting the song to start the next session with.
- The individual scores for each patient were collected to create average group wellbeing scores for each of the given time frames. From this, an overall average for each given time of assessment was created from the 14 weeks of data.



## Results

WIB Rating (Weeks 1-6/13-14)

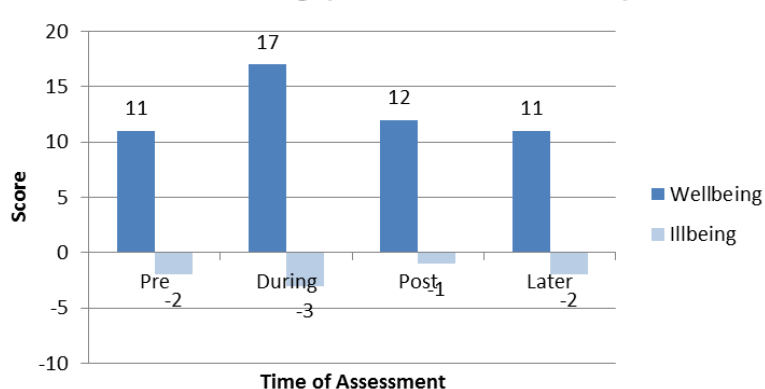


Figure 1: Increased average group ratings during the session.

MiDAS Rating (Weeks 7-14)

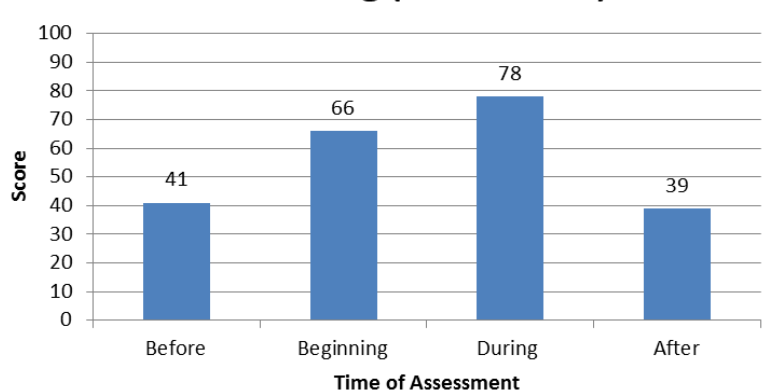


Figure 2: Increased average group ratings during the session. These were noted in interest, response, initiation, involvement and enjoyment.

The overall WIB and MiDAS scores reflected **increased well-being during the music sessions** when compared to pre-session observations. Whilst this increase was not maintained throughout the day, there was some improvement in well-being observed on the WIB post session when compared to the pre session observations.

There was also an increase in recorded ill-being during the session when using the WIB. These results reflected concerns highlighted in the literature.

The largest improvement noted in the MiDAS were areas of enjoyment and involvement.

Subjectively, patients commented that music sessions were considered a "favorite" of theirs, there would often be a higher level of attendance in comparison to alternative group sessions facilitated by the same staff, and requests were made for the music session to be facilitated outside of its scheduled time.

## Conclusion

This project demonstrated benefits gained from music therapy sessions in relation to the well-being of people with dementia, furthermore, that these benefits could be captured by multiple scales. Music is a powerful tool for engaging people with dementia, who might otherwise find it difficult to initiate and maintain interactions. Multi-sensory elements enrich the experience whilst allowing engagement at various levels, and consequently various stages of dementia. Its formal outcomes have illustrated the DAISIES project success.

## Limitations

- The small sample was sensitive to individual variability, however this allowed for a focus on clinically meaningful change.
- Despite the Bradford Well-being Ill-being Profile being an easy-to-use measure without the intensive work of Dementia Care Mapping, its ill-being scale was found to have a lack of validity (Bradford, 2008). Therefore the use of the MiDAS as an additional complementary scale reflects the well-being capabilities of an individual as outlined by the WIB, in more clinical relevant aspects to the therapy.

## Future Research

- A comparison between music therapy and alternative music based activities, in order to investigate the most beneficial form of music use in dementia. For example, live music on the ward.
- An investigation into benefits observed by the addition of music to existing routines (e.g. mealtimes) or alternative multidisciplinary sessions (e.g. physiotherapy).

## References

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