

Feasibility and Acceptability of a Group Music Intervention in Memory Care Communities

KEY FINDINGS

- A group music program was effective in reducing agitation in people with dementia.
- Further research is needed to understand why the program is effective and how to improve and expand it.

BACKGROUND

A large majority of people with Alzheimer's disease and other dementias (ADRD) experience behavioral symptoms like agitation, anxiety, and depression. These symptoms play a significant role in their quality of life. A number of pharmaceutical treatments are available to help reduce these behavioral symptoms and to reduce the demands on long-term care staff who provide care to residents with ADRD. However, many of these medications have adverse effects. This has led to a search for nonpharmacological interventions. There is much evidence for the benefit of individual music interventions. However, there is a lack of research on group music approaches in care settings.

This mixed-methods study aimed to assess the use of group music intervention to reduce agitation among people in long-term care with ADRD.

HOW THE STUDY WAS CONDUCTED

The study sample consisted of 22 residents with ADRD in two assisted living communities (ALCs) and two adult day centers (ADCs). The intervention involved 12 sessions of 50 minutes

each (3 times per week for 4 weeks). Music selections included: (1) the first two tracks of a commercial DVD of classical music that included nature videos, (2) music selected from group members' preferred music genre (e.g., big band, country and western, rock and roll, religious), and (3) researcher selected music (classical instrumental and contemporary music by diverse musicians). The sessions included guided gentle movement and breathing exercises (seated) and music videos with prompts for reminiscence. When appropriate, facilitators encouraged the participants to interact by clapping and singing. Quantitative measures included the following:

- Sociodemographic characteristic (age, sex, race/ethnicity, education, marital status) and clinical history
- The Dementia Staging Test, to assess severity
- The Assessment of Personal Music Preference (APMP, Informant version), a 9-item measure used to capture participants' music preferences and the role of music in their lives
- The Cohen-Mansfield Agitation Inventory-Short Form (CMAI-SF), a 14-item checklist to measure agitation administered at week 0 (before the intervention), week 2 (after Session 6), and week 4 (after Session 12) by activities staff (ALCs) or family caregiver (ADCs)

An experienced qualitative researcher collected qualitative data, conducting two staff focus groups (two people each) and one interview. The staff were asked about their experiences with the intervention - perceived benefits, music delivery, and what helped or hindered participation.

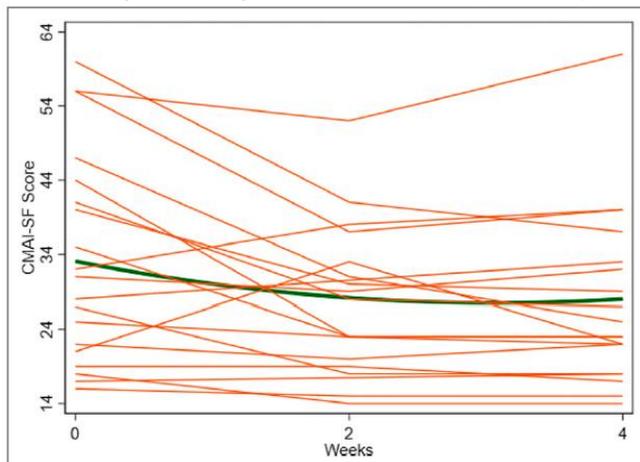
Data Analysis:

Descriptive statistics were calculated for each variable. Data collected on agitation were analyzed using linear mixed-effects models. Interview transcripts were analyzed line by line to identify themes of interest, such as benefits and barriers.

FINDINGS

The final study sample included 19 people after 3 dropped out. The majority of the participants were women and non-Hispanic White. The mean age was 83. About one-third of participants reported a diagnosis of Alzheimer's disease, and a majority were at a moderate stage.

Overall the intervention was feasible in the participating sites; the sessions went smoothly. Attendance was high, suggesting acceptability. Regarding preliminary efficacy, 63.2% of participants experienced agitation reduction between pre- and post-intervention (Week 4).



Lines show participant trajectories. Center line is the fitted curve from the linear mixed effects model

Staff members commented on benefits and barriers.

One said:

"It opened a door for him. His wife noticed a change in him. He comes out of his room more now."

Another commented on the barriers, saying:
"If one left or they got agitated...they wanted to leave."

Among the suggestions:

"I think the music preference before move-in is huge. I think we should have the families fill out that music preference sheet just to help us out because they can't openly say I like Elvis Presley."

The study limitations include not having a control group and having a small sample size. Also, the intervention contained multiple components, which makes it difficult to understand the effect of music alone. Lastly, the long-term effect of the intervention is unknown.

SUGGESTIONS FOR POLICY/PRACTICE

More research, including a randomized trial, is needed to evaluate the value of music in a group setting to reduce agitation in people with ADRD. Overall, however, this study found that a group music intervention has potential as a cost-effective way to reduce agitation among people with dementia and improve the quality of their lives.

Original Article:

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