

A Quality Improvement Project assessing the delivery of music therapy on a Care of the Elderly Ward and its impact on patients with dementia and delirium

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Figure 1

NPIQ Summary

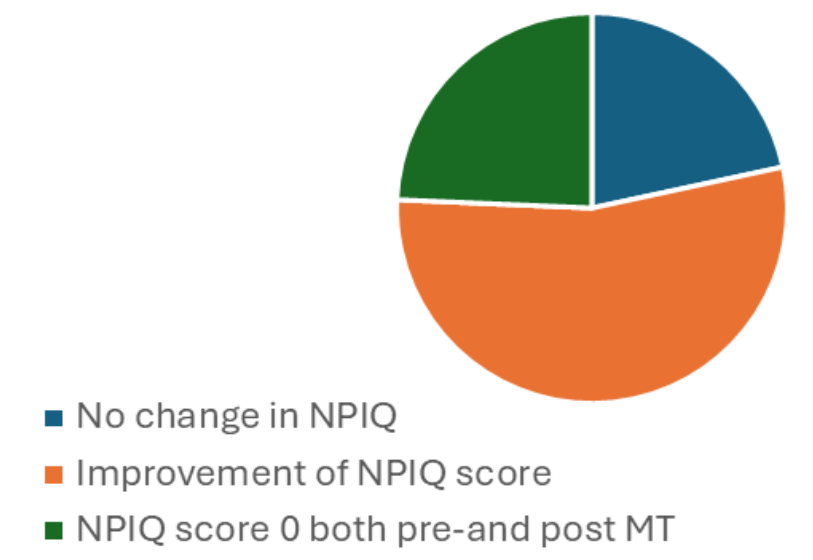
Patient Name and hospital ID:
Age:
Date:
Time of pre-intervention scoring:
Intervention AM or PM (circle in)
Time of post-intervention scoring:
Name of person interviewing / scoring:

	Type of intervention			Severity (Pre-intervention)			Severity (Post-intervention)				
	G	O	G&O	0	1	2	3	0	1	2	3
Delusions	G	O	G&O	0	1	2	3	0	1	2	3
Hallucinations	G	O	G&O	0	1	2	3	0	1	2	3
Agitation / Aggression	G	O	G&O	0	1	2	3	0	1	2	3
Dysphoria / Depression	G	O	G&O	0	1	2	3	0	1	2	3
Anxiety	G	O	G&O	0	1	2	3	0	1	2	3
Euphoria / Elation	G	O	G&O	0	1	2	3	0	1	2	3
Apathy / Indifference	G	O	G&O	0	1	2	3	0	1	2	3
Disinhibition	G	O	G&O	0	1	2	3	0	1	2	3
Irritability / Lability	G	O	G&O	0	1	2	3	0	1	2	3
Aberrant Motor	G	O	G&O	0	1	2	3	0	1	2	3
TOTAL											

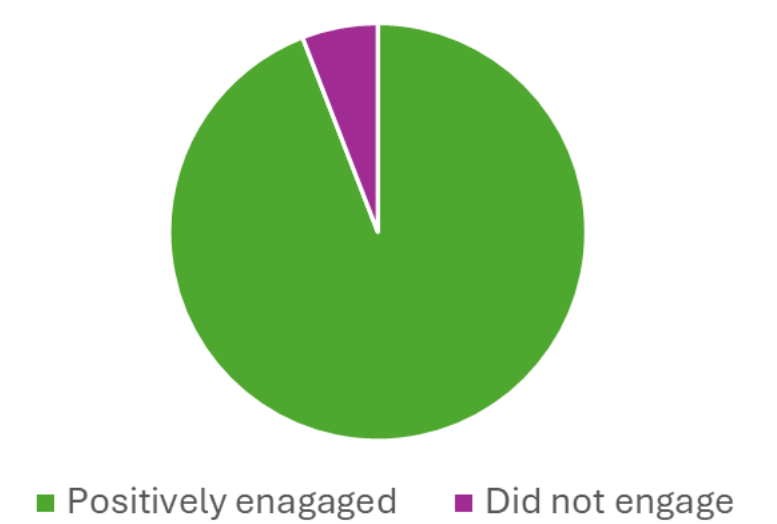
G = Group session
O = One to one
G&O = Both

Figure 2

Change in NPIQ score post music therapy



Engagement with MT



Introduction

Music therapy (MT) can alleviate the behavioural and psychiatric symptoms of dementia (BPSD) but it is not a standard intervention. NICE recommends MT as a non-pharmacological intervention to improve wellbeing in patients with dementia and systematic reviews have shown an improvement in mood and cognitive function after MT^{1,2,3}. Most studies have however been done in a residential rather than acute hospital setting.

On the Care of the Elderly (COE) wards at Queen Elizabeth Hospital (QEH), which saw many admissions of patients with dementia and delirium, MT was carried out by a qualified music therapist once a week, in groups, individual sessions, or both.

Objective

This quality improvement project (QIP) aimed to establish the effect of MT on BPSD, in the setting of a general district hospital ward. The study results could be used to further optimise the provision of MT to patients.

Methods

Patients with either a diagnosis of dementia or delirium were identified at the start of the day. MT was delivered in groups, individually, as well as both in some cases. Patients were interviewed by the music therapist before and after MT, using the Neuropsychiatric Inventory Questionnaire (NPIQ), which was introduced and edited for this project. Patients' engagement with MT was observed by the therapist and recorded as routinely done, unbeknown to the therapist to later be included in the project. Data was collected on a weekly basis.



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Results

Over the course of 9 Mondays, 37 patients were scored on the NPIQ pre and post MT. Nine had a score of 0 both pre and post intervention. From the remaining 28 participants, 20, i.e. 71% had an improvement in their NPIQ score. Engagement levels were extracted from the therapist's narrative on the day and 94 % (32/34) were positively engaged, singing along, listening attentively or trying out musical instruments. One patient had five sessions of MT. In his case, MT reduced the need for anti-psychotics.

Some comments and observations:

- "First class. Thoroughly enjoyable. It helped me to feel very much focused"
- Initially felt "rubbish" and low in mood. At the end of the session he felt "brighter" in mood and said that the session had "made a change".
- At first seemed disengaged and uninterested in participating; as the music began to play, she listened attentively and began singing along
- "That's lovely"
- Appeared muddled, unsettled and anxious for part of the session, later became more settled and engaged
- Received personal care during music therapy. Personal care usually very distressing for him. Was settled and tolerated personal care.
- "Music is wonderful! Thank you for this moment!"

Conclusions

Music therapy improves the wellbeing of patients with dementia and delirium and should therefore be a standard resource on a COE ward.

References

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3. NICE quality standard on Dementia QS184. 28.06.2019. [Quality statement 5: Activities to promote wellbeing | Dementia | Quality standards | NICE](https://www.nice.org.uk/guidance/qs184)

