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Il ruolo della musicoterapia nei servizi assistenziali per anziani

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**Quando la musica diventa terapia:
l'efficacia della musicoterapia nelle demenze**

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Table 1.
Randomized Controlled and Clinical Controlled Trials (RCT, CCT) about clinical interventions with music in some of the main neurological pathologies found in PubMed (English language) from 2003 to 2012 using the following terms: “music”, “rhythmic auditory stimulation” and “dementia”, “stroke”, “Parkinson”, “multiple sclerosis”, “brain injury”.

<i>Pathology</i>	<i>Music Intervention</i>	<i>Number of Studies</i>	<i>RCT/CCT</i>	<i>Outcomes</i>
Dementia ^a	Music therapy techniques; rehabilitative music exercises; use of percussion instruments with familiar music; making music; singing; preferred music listening; Rhythmic Auditory Stimulation; group music with movement	19	15 RCT/4 CCT	Improvement in: behavioral and psychological symptoms (agitation, anxiety, delusions, apathy, depression; irritability, aberrant motor activity, night-time disturbances, aggressiveness); self-esteem; cognitive functions (general cognitive functioning, attention, prose memory skills, language); physiological parameters (heart rate variability, systolic blood pressure, reduction of salivary Chromogranin A); motor functions (gait)
Stroke ^b	Music therapy techniques; listening to music; music-supported training; Rhythmic Auditory Stimulation; Musical Motor Feedback	8	7 RCT/1 CCT	Improvement in: psychological symptoms (anxiety, depression, mood, frequency and quality of interpersonal relationships); cognitive functions (verbal memory, focused attention); fine and global motor skills (speed, precision and fluency, wider range of motion and flexibility, motor control in everyday activities, gait)
Parkinson's Disease ^c	Rhythmic Auditory Stimulation; Music relaxation; Rhythmic sound cues; Listening to drumming music	4	1 RCT/3 CCT	Improvement in: motor functions (functional gait and balance, gait timing, arm and finger movements); tremor; psychological symptoms (mood and anxiety); quality of life
Multiple Sclerosis ^d	Rhythmic Auditory Stimulation; rehabilitative music exercises; improvisational music therapy approach	3	2 RCT/1 CCT	Improvement in: motor functions (gait parameters); cognitive functions (memory learning); psychological symptoms (depression and anxiety); self-esteem
Brain Injury ^e	Neurological Music Therapy	1	1 CCT	Improvement in: cognitive functions (executive function) and psychological symptoms (depression and anxiety)

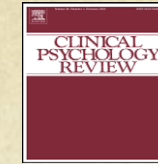
^a Vink et al., 2012; Ceccato et al., 2012; Sung et al., 2012; 2010; 2006; Lin et al., 2011; Raglio et al., 2010a; 2010b; 2008; Cooke et al., 2010a; 2010b; Guétin et al., 2009; Choi et al., 2009; Bruer et al., 2007; Takahashi et al., 2006; Clair et al., 2006; Svansdottir et al., 2006; de Winckel et al., 2004; Suzuki et al., 2004.

^b Kim et al., 2011; Särkämö et al., 2010; 2008; Altenmüller et al., 2009; Jeong et al., 2007; Schneider et al., 2007; Thaut et al., 2007; Schauer et al., 2003.

^c Kadivar et al., 2011; Craig et al., 2006; del Olmo et al., 2005; Bernatzky et al., 2004.

^d Conklyn et al., 2010; Moore et al., 2008; Schmid et al., 2004.

^e Thaut et al., 2009.



Dose–response relationship in music therapy for people with serious mental disorders: Systematic review and meta-analysis

Christian Gold ^{a,*}, Hans Petter Solli ^{b,c}, Viggo Krüger ^b, Stein Atle Lie ^a

“...Music therapy is a **special type of psychotherapy** where forms of musical interaction and communication are used alongside verbal communication. It has been defined as “a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships developing through them as dynamic forces of change” (Bruscia, 1998). The **types of ‘music experiences’ used in music therapy can include free and structured improvisation, other types of active music-making by patients, and listening to music. Improvisation is perhaps the most prominent form of musical interaction in music therapy... Music therapists are specifically trained to intervene therapeutically within the medium**, for example to support by providing rhythmical or tonal grounding, to clarify, to confront or to challenge the client's expression in the music (Bruscia, 1987; Wigram, 2004). Other modes of music experiences in music therapy include playing composed music on instruments, singing and writing or improvising songs (Baker & Wigram, 2005), and listening to music (Grocke & Wigram, 2006)... **All these different modes of ‘music experiences’ become therapeutic by being used in the context of a therapeutic relationship.** Verbal discussions, reflections, or interpretations connected to the music are important to help clients explore the potential meaning of an experience, and to relate a new experience within therapy to situations in the client's life. The degree to which the music experience itself, versus the verbal reflection connected to it, is seen as the active agent of change may vary between models of music therapy (Garred, 2004), as well as between clients.

However, **treatments that rely solely on the direct effects of music alone, which do not “involve or depend upon a process of intervention and change within a client–therapist relationship” (“auxiliary level”, Bruscia, 1998, p. 195), are not music therapy.** The term ‘music medicine’ is sometimes used to distinguish such treatments from music therapy.” ...

**Differences between “music” and “music therapy” interventions in dementia.
(Raglio & Gianelli, Current Alzheimer Research, 2009, 6, 293-301).**

MUSIC	MUSIC THERAPY
Presence of a professional of the music area	Presence of a professional of the music-therapeutic area with specific relational and musical competences
Absence of a specific therapeutic setting	Presence of a structured therapeutic setting
Absence of a specific intervention model	Presence of a music-therapeutic referential model grounded on theoretical and methodological criteria
Aims: temporary well-being, improving mood, promoting socialization, memories and stimulation of frames of mind, relaxation, etc.	Aims (aspiring to become stable and long-lasting over time): attenuation of behavioral and psychiatric symptoms and prevention/stabilization of complications; increase in communication and relationship skills
Contents: structured musical initiatives (rhythmic use of instruments, singing, movement associated to music, etc.) and listening to music (classical music, favourite music, etc.)	Contents: sonorous-musical improvisation; listening activities that involve verbal and elaborative competences (preferably at initial stages of dementia)

Operatore
formato

Modello di
riferimento

Setting
terapeutico
strutturato

Obiettivi
terapeutici

Contenuti
specifici
(tecniche)

Rigorosi criteri
di verifica

When music becomes music therapy

Psychiatry and Clinical Neurosciences 2011; 65: 679–683

SCIENTIFIC LITERATURE PROVIDES evidence of the unquestionable effects of music both in pathological contexts and upon individuals generally speaking.¹ Also on the physiological, neurophysiological, biological and neurochemical levels, confirmation of such effects has been forthcoming.²

Empirically, all individuals can experience well-being and positive emotions when listening to music that has some particular significance for them, or can derive pleasure from socializing a musical experience (making or listening to music together with others), but all the above, while emphasizing the potentialities of music, usually refers to momentary effects that elude therapeutic logic.

I personally see that music embodies therapeutic potentialities as suggestive – but not scientifically proven.

For example, 'Mozart's music' is an insufficient concept: which Mozart? The Requiem or an aria from Don Giovanni? Why Mozart and not the Beatles or B. McFerrin? And addressing whom? Producing what? How?

With these queries in mind, the international music-therapeutic community has introduced – as an essential component of therapy by music – the concept of 'relationship'.^{3,4}

The above thoughts can help re-model music-therapeutic practices by introducing the following aspects (Evidence Based Music Therapy and Evidence Based Practice):^{5,6} musical and relational training of music therapists, presence of a therapeutic setting, a theoretical/methodological background, aims oriented to the achievement of stable and long-lasting improvements (according to type and gravity of pathologies considered), content (active and/or receptive techniques) facilitating intra- and inter-personal relationships with the patient/client and rigorous assessment criteria.

I believe that neither music nor the sonorous-musical element can fail to keep these concepts in due consideration if they are to assume a potential therapeutic value. In therapeutic applications it is of essential importance that the individual's musicality and musical potential should emerge: this can only happen through the relationship between the music therapist and the patient/client mediated by the power of music. This is what defines the therapeutic specificity of music and contextu-

alizes the various possible interventions through music. Music can be the source of deep pleasure, it can stimulate relationships and attentive and cognitive functions, but it becomes therapeutic practice only in the presence of the essential components mentioned above.

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Global Music Approach in Dementia (GMA-D)

(Raglio et al., *Clinical Interventions in Aging*, 2014, in press)

- Active Music Therapy (psychological and rehabilitative approaches, AMT-PA and AMT-RA)
- Active Music Therapy with Family-Caregivers and PWD (AMT-FC)
- Individualized Listening to Music (ILM)
- Music-based Interventions (MBI)
- Caregivers Singing (CS)
- Background Music (BM)

Music therapy in the field of dementia...

- Improves the behavioural and psychological symptoms
- Improves the relational and communicative skills
- Improves the organization/regulation of the emotional components of the personality
- Promotes the maintenance/recovery of a sense of identity
- Induces a better adaptation of the person to social environment
- Stimulates cognitive functions (attention, memory, executive functions, etc.)
- Improves the quality of life
- ...


EVIDENCE BASED MEDICINE




EVIDENCE BASED MUSIC THERAPY

(Edwards, 2002; 2004; Vink & Bruinsma, 2003)

LEVEL OF EVIDENCE

- 
- Systematic review that is based on RCT's
 - RCT or CCT studies



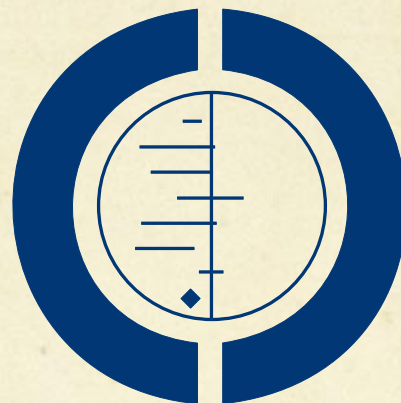
- 
- Patient-series with or without controls
 - Case studies
 - Expert opinions
 - Qualitative research





Music therapy for people with dementia (Review)

Vink AC, Bruinsma MS, Scholten RJPM



**THE COCHRANE
COLLABORATION®**

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2011, Issue 3

<http://www.thecochranelibrary.com>



Music therapy for people with dementia (Review)
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Dr. Alfredo Raglio, ASP Città di Bologna 2014

Cochrane Review (2003: 5 studies)

Vink AC, Birks JS, Bruinsma MS, Scholten RJS. Music therapy for people with **dementia**. The Cochrane Database of Systematic Reviews: Reviews 2003 Issue 4 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD003477

- Groene, 1993 (active music therapy, behavioral problems)
- Lord et al., 1993 (active music therapy, emotional functioning)
- Clark et al., 1998 (pre-recorded music, behavioral problems)
- Gerdner, 2000 (pre-recorded music, behavioral problems)
- Brotons et al., 2000 (active music therapy, cognitive functioning)

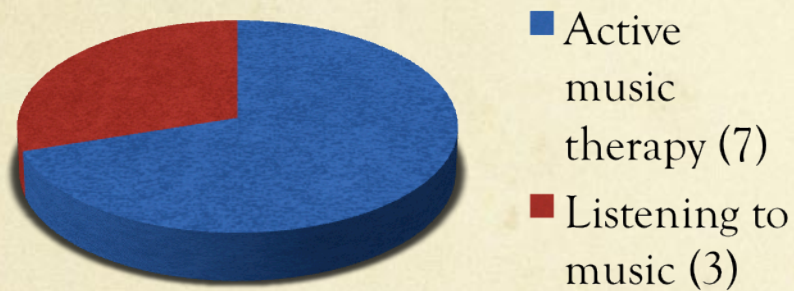
Updating of COCHRANE REVIEW

(2011:5 new studies)...

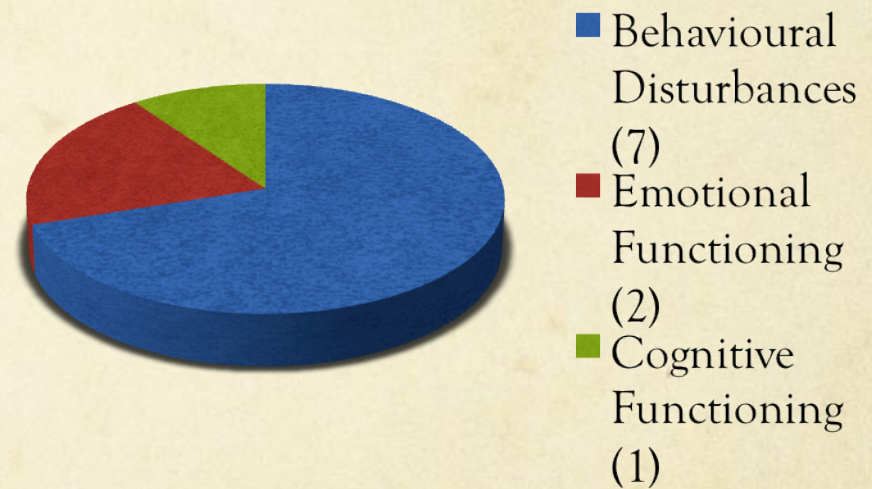
- Sung et al., 2006 (active music therapy, behavioral problems)
- Svansdottir et al., 2006 (active music therapy, behavioral problems)
- Raglio et al., 2008 (active music therapy, behavioral problems)
- Guétin et al., 2009 (pre-recorded music, emotional functioning)
- Raglio et al., (2010) (active music therapy, behavioral problems)

Updating of Cochrane Review by Vink et al., 2011

MT approaches in the
studies



Primary endpoints of the
studies



Vink AC, Bruinsma MS, Scholten RJPM. Music therapy for people with dementia. Cochrane Database of Systematic Reviews 2003, Issue 4. Art. No.: CD003477. DOI: 10.1002/14651858.CD003477.pub2.

Author's conclusions

- Methodological limitations
- Poor statistical analysis
- Little information about the randomization
- Small sample sizes
- Short interventions period
- ...

Vink AC, Bruinsma MS, Scholten RJPM. Music therapy for people with dementia. Cochrane Database of Systematic Reviews 2003, Issue 4. Art. No.: CD003477. DOI: 10.1002/14651858.CD003477.pub2.

Implications for research

- CONSORT guidelines for RCTs
- Adequate methods of randomization
- Blind evaluation
- Reliable and validated outcome measures
- To assess medium and long-term effects
- To differentiate music therapy approaches (active vs receptive techniques)
- To compare music therapy with listening to music



Review

Music, music therapy and dementia: A review of literature and the recommendations of the Italian Psychogeriatric Association

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ABSTRACT

This study reviews the most recent (from 2000 to 2011) Clinical Controlled Trials (CCT) and Randomized Controlled Trials (RCT) concerning the use of music and music-therapy (MT) in the context of dementia and related issues.

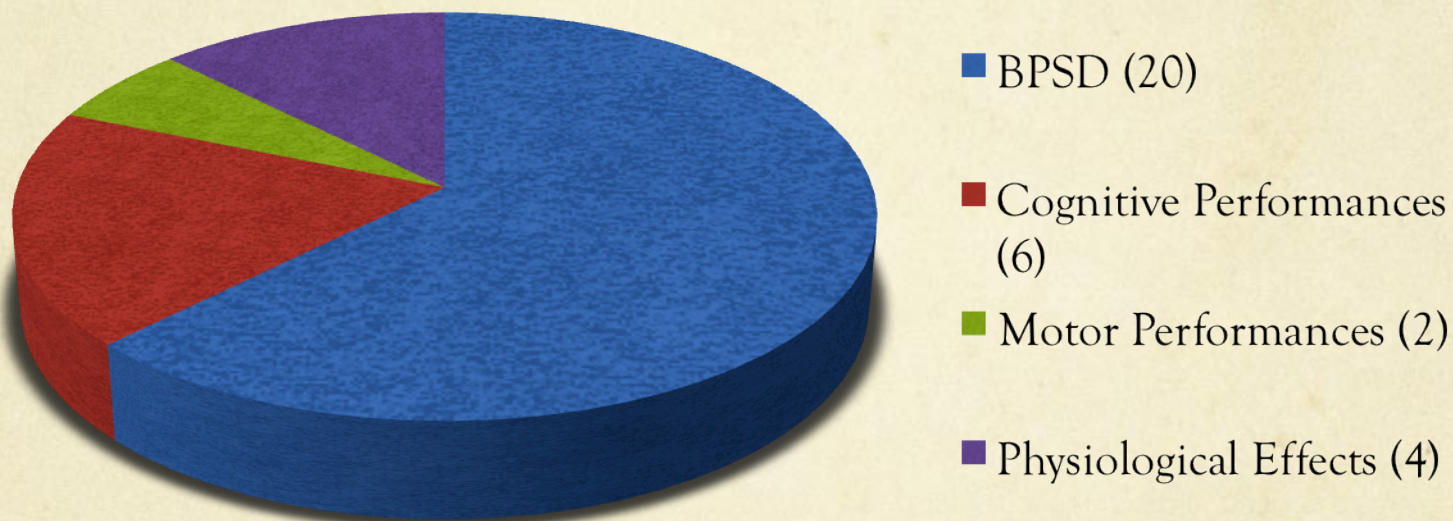
Studies which explored the efficacy of music and MT on behavioral and psychological symptoms of dementia (BPSD) are prevalent, while those aiming at assessing a potential effect of these approaches on cognitive and physiological aspects are scant. Although with some limitations, the results of these studies are consistent with the efficacy of MT approach on BPSD. In this context, the ability of the music therapist to directly interact with the patients appears to be crucial for the success of the intervention.

This review was endorsed by the Italian Psychogeriatric Association (AIP) and represents its view about the criteria to select appropriate music and MT approaches in the field of dementia. Accordingly, we have developed a list of recommendations to facilitate the current use of these techniques in the context of non-pharmacological treatments for patients with dementia.

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Music/Music Therapy and Dementia

RCTs/CCTs



Concerning the clinical practice the AIP recommends:

1. Personalized interventions with music or MT as the surest predictor of success.
2. The use of active music and music therapy approach in the management of BPSD in addition to standard care as the direct music therapist/patient interaction appears to be the most effective.
3. The preferential use of MT to make the treatment more tailored to meet the patients' needs, and to improve BPSD and communicative skills in particular in moderate–severe dementia.
4. Also the use of individualized music listening based on preferred and/or familiar music as background music did not prove its efficacy.
5. The introduction of Evidence Based Practice [39,40] in the choice and in the conduction of the music and MT treatment.

Concerning the research activity in the field of music and MT in dementia the AIP recommends:

1. A more rigorous methodology including a more accurate definition of the population of patients and of the type of interventions.
2. The conduction of studies aimed at identifying which types of dementia have the greatest chances of improvement due to different kinds of music and MT interventions.
3. The assessment of a possible dose–effect relationship of the different interventions.
4. The evaluation of the cognitive and physiological aspects, by identifying adequate assessment tools.
5. The conduction of the comparative studies on the effects of the MT versus music.

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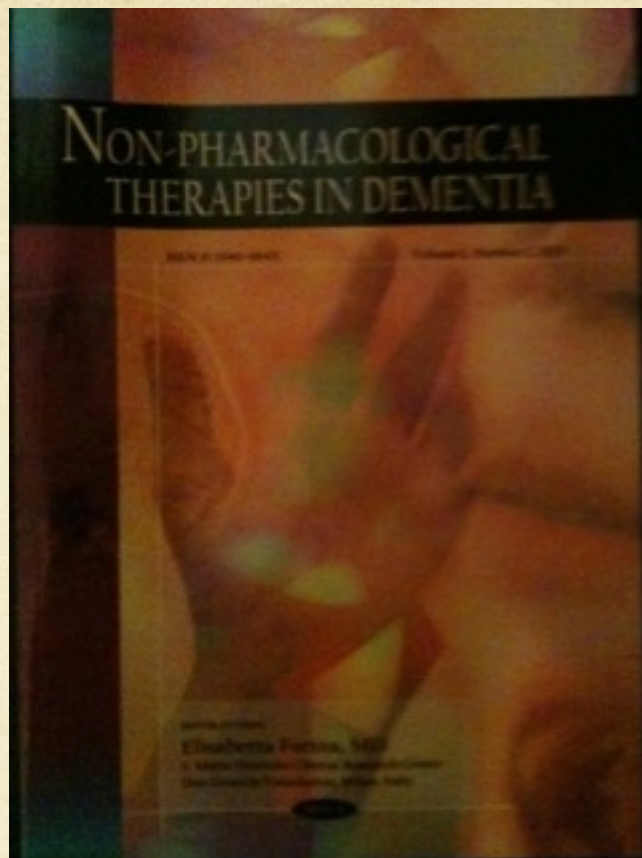
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Musicoterapia e Ascolto Individualizzato e nel trattamento dei disturbi comportamentali nelle demenze di livello moderato-severo: uno studio multicentrico randomizzato controllato.

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**Progetto di Ricerca:
L'EFFICACIA DELLA MUSICOTERAPIA SULLO
STRESS DEL CAREGIVER
CHE ASSISTE LA PERSONA CON DEMENZA:
UNO STUDIO RANDOMIZZATO CONTROLLATO**

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Grazie per l'attenzione!

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