COCHRANE Nursing Care Field

COCHRANE REVIEW

Music Therapy for End-of-Life Care

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Review Question

What are the effects of music therapy with standard care versus standard care alone or standard care combined with other therapies on psychological, physiologic, and social responses in end-of-life care?

Type of Review

This is a Cochrane Review of five studies. Meta-analysis was undertaken where possible.

Relevance for Nursing

Music therapy is one of the most popular forms of complementary therapies for hospices and palliative care programs in the United States and Canada, resulting in a growing need for the employment of music therapists. The purpose of music therapy at the end of life is to improve the patient's quality of life by relieving symptoms, addressing psychological needs, offering support, facilitating communication, and meeting spiritual needs. Music therapists also care for family and caregivers by addressing their coping and communication skills and grief. Therefore, nurses need to understand the effects of music therapy on their patients at the end of life.

Characteristics of the Evidence

Five studies containing a total of 175 participants were included. Participants were those of any age, sex, or cultural background with a diagnosis of advancing life-limiting illness being treated with palliative intent and with a life expectancy of less than two years. Any randomized, controlled trials (RCTs) published or unpublished in any language, as well as quasi-RCTs that compared music therapy interventions, were considered. Music interventions were defined by the following criteria.

- Music therapy delivered by a formally trained music therapist or trainees in music therapy
- A therapeutic process was present.
- If one of the following interventions was used in an individual or group setting
  - Listening to live or prerecorded music of any type
  - Performing music
  - Improvising music spontaneously via voice and/or instruments.

Standard care was not defined and no restrictions were placed on the minimum duration of the intervention. The primary outcomes of interest were symptom relief, psychological outcomes, physiologic outcomes, relationship and social support, communication, quality of life, spirituality, and participant satisfaction.

The settings of the five studies included one in-home hospice and four inpatient hospices. Participants were all adults with even gender distribution and a mean range of ages of 65–73 years. The interventions varied greatly between studies. The results of the review are based on a few studies with small sample sizes (average n = 35, range = 10–80). The quality of the studies was poor because of a lack of randomization, allocation concealment, and level of blinding, resulting in a high risk of bias.

Summary of Key Evidence

Symptom Relief

Two studies examined the effects of music therapy on pain, but their pooled result was not statistically significant. One study found live music therapy was significantly more effective ($p = 0.025$) in reducing pain than the use of prerecorded music. Another study found that music therapy reduced tiredness ($p = 0.024$) and drowsiness ($p = 0.018$), but did not improve nausea, appetite, or shortness of breath in patients in end-of-life care. A significant improvement in discomfort level ($p = 0.006$) was shown in a study with use of standard care and music therapy compared with standard care alone.

Psychological Outcomes

Anxiety (two studies) and depression or sadness (two studies) were not statistically significant.

Physiologic Outcomes

Pulse rate was measured in two studies but neither found a statistically significant effect. No studies measured relationship and social support, communication, or participant satisfaction.

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