

Music Therapy Intervention to Reduce Symptom Burden in Hospice Patients: A Descriptive Study

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ABSTRACT

Background: Music therapy (MT) is frequently provided to patients at the end of life, and while some studies suggest benefits of improved symptom relief and quality of life, there is limited research on its impact on hospice patients and their caregivers. **Objective:** To assess the impact of MT intervention on symptom burden and overall well-being of hospice patients and their caregivers. **Methods:** A total of 18 hospice patients, selected based on scores ≥ 4 on the revised Edmonton Symptom Assessment System (ESAS-r) items on pain, depression, anxiety, or overall well-being, participated in MT sessions provided by a board-certified music therapist. Over a period of two to three weeks, 3-4 MT sessions were conducted for each patient. Quality of life (QOL) was assessed using the Linear Analogue Self-Assessment (LASA). Depression and anxiety were measured with the Patient Health Questionnaire-4 (PHQ-4). For the seven caregivers enrolled, stress levels were measured using the Pearlin role overload measure and LASA. **Results:** Patients reported a statistically significant reduction in symptom severity and an increase in QOL. Emotional distress also declined. All patients endorsed satisfaction with music therapy, describing it as particularly beneficial for stress relief, relaxation, spiritual support, emotional support, and overall well-being. **Conclusion:** This study provides evidence that MT reduces symptom burden and enhances the quality of life for hospice patients. Both hospice patients and their caregivers endorsed satisfaction with MT. Given the benefits observed, integrating MT into hospice care regimens could potentially improve patient and caregiver outcomes. Future larger studies should be conducted to better assess the impact of MT in this population.

INTRODUCTION

As modern healthcare increasingly embraces holistic approaches, integrative therapies have gained prominence in alleviating both physical and psychological distress. Among these, music therapy (MT) stands out as a versatile therapeutic modality, finding applications in diverse clinical settings, including cancer centers, post-operative units, pain rehabilitation programs, and hospice and palliative care settings. For individuals who are facing the end of life, some of their greatest fears are pain; loss of control, purpose, and meaning; isolation; and fear of the unknown. In such settings, nonpharmacologic modalities like MT can offer valuable improvements in patients' quality of life (QOL), aligning with their individual goals and preferences for care. The potential of MT to positively impact various facets of well-being – be it physical, psychological, social, or spiritual – has been documented in previous studies. Furthermore, the effectiveness of MT in addressing pain, fatigue, emotional symptoms like anxiety and depression, and even improving sleep quality in certain patient groups, underscores its therapeutic potential. Given the promising potential of MT in enhancing the QOL for hospice patients, there is a need to further examine its effects in this specific setting. This study aims to bridge that gap, exploring the impact of MT on hospice patients and its role in addressing symptom burden, while aligning care with patients' end-of-life preferences.

METHODS AND MATERIALS

- Prospective cohort study of hospice patients who received MT interventions.
- Evaluated outcomes pre- and post-MT intervention utilizing measures of pain, depression, anxiety, and quality of life. We also assessed caregiver stress and quality of life.
- Patients with life-limiting illnesses with a life expectancy of 6 months or less. Care was primarily provided at home, typically with an informal caregiver present.
- If, on clinical assessment by a hospice nurse, the revised Edmonton Symptom Assessment System (ESAS-r) scores were 4 or greater for pain, depression, anxiety, or overall well-being, the patient was referred to the study. If the patient and/or caregiver agreed to be approached for the study, the study coordinator contacted the patient and/or caregiver to explain the study, obtained consent, and coordinated scheduling with music therapists for the MT intervention sessions.
- MT was provided by a board-certified music therapist in the home setting. MT interventions and duration of sessions were tailored to individual needs, with input from caregivers and hospice staff.
- MT interventions aimed to address pain, coping, cognitive stimulation, creative self-expression, psychosocial and spiritual support, legacy building, and anticipatory grief.
- For this study, MT frequency ranged from 3-4 sessions over 2-3 weeks, with each session lasting between 20-45 minutes in duration.

RESULTS

- 18 hospice patients elected to participate in the study and completed the initial surveys. One dropped out of the study prior to participating in any MT session. Two (11.76%) participated in one MT session. One (5.88%) participated in two MT sessions. Thirteen (76.47%) participated in three MT sessions. One patient (5.88%) participated in four MT sessions. Thirteen (76.47%) completed the treatments per protocol as well as all follow up QOL assessments. Two (11.76%) ended treatment due to being too ill to continue. Two (11.76%) died prior to completing the treatment protocol. Seven caregivers completed the CG-LASA and PROM surveys prior to the initiation of music therapy sessions. Five caregivers completed the two surveys following completion of the treatment protocol.
- The mean of the total ESAS-r scores was 6.8 points lower than the initial pre-MT survey for hospice patients at the final post-MT survey following week 3 MT session.
- Participant LASA (P-LASA) scores were higher at the end of the third week of MT sessions.
- Patient satisfaction with the music therapy treatment was overall positive and beneficial for stress relief, relaxation, spiritual support, emotional support, and generally feeling well

DISCUSSION

In conducting research within a hospice setting, there are inherent complexities that shaped our study design and its eventual outcomes. Many of our patients have a limited timeframe in hospice care due to the rapid progression of their conditions. This very nature of hospice care, with its uncertainties surrounding life expectancy, influenced our choice to have a three-week intervention. Amidst these challenges, the unforeseen advent of the COVID-19 pandemic introduced additional constraints. The pandemic significantly disrupted our hospice practices, stalling recruitment for our study. Furthermore, safety precautions meant that music therapy, the core component of our study, was temporarily prohibited, affecting both the continuity and the scope of our research. This context gave rise to limitations in our study. The small sample size, while not uncommon in specialized settings like hospice, limited our ability to fully assess the impact of music therapy. The lack of a control group makes it challenging to decisively attribute observed benefits to the music therapy. While our results are promising, it is essential to consider alternative explanations. As we acknowledge these limitations, it is equally important to recognize the insights our findings offer. They emphasize the need for interventions tailored to the distinctive circumstances of hospice patients, and the potential benefits, even within these constraints. Our work, while having its limitations, provides a stepping stone for more extensive and nuanced research in the realm of nonpharmacologic interventions in hospice care.

CONCLUSIONS

Our study provides preliminary evidence supporting the benefits of music therapy as a nonpharmacologic intervention for patients in the hospice setting. Patients experienced symptom relief and increased overall well-being. New insights were gained into the experiences of their caregivers. While our results are promising, they underscore the need for larger, more comprehensive studies to validate and extend these findings, aiming for a holistic approach to enhance the quality of life for both hospice patients and their caregivers.

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Table 1

Participant Demographics	Total (N=18)
Age	
N	18
Mean (SD)	76.4 (14.39)
Median (Range)	77.5 (60.0, 100.0)
Gender, n (%)	
Male	5 (27.8%)
Female	13 (72.2%)
Marital status, n (%)	
Single	4 (22.2%)
Married	5 (27.8%)
Divorced	2 (11.1%)
Widowed	7 (38.9%)
Education Level, n (%)	
Some High School	1 (5.6%)
High School Graduate/GED	5 (27.8%)
Some College or Vocational	5 (27.8%)
4-year Degree	3 (16.7%)
Graduate or Professional Degree	4 (22.2%)
Religion, n (%)	
Catholic	4 (22.2%)
Protestant	2 (11.1%)
Other Christian*	11 (61.1%)
None	1 (5.6%)
Have you had music therapy in the past?, n (%)	
No	15 (83.3%)
Yes	3 (16.7%)
Painleve Performance Scale (%)	
N	18
Mean (SD)	52.2 (8.08)
Median (Range)	50.0 (40.0, 70.0)

*Includes Baptist, Christianity, Episcopal, Lutheran, and Methodist

