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Cochrane Nursing Care Field – Cochrane Review Summary

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TITLE: Music Therapy for Depression

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Background:

Globally, it is documented that the number of individuals living with depression is more than 300 million people and it is predicted to become the most prominent cause of disability by the year 2020 (World Health Organisation, 2017). This has impact for both the individuals and their families living with depression, and health and social care providers. It highlights an emerging need to explore differing treatment options to improve the quality of life for individuals living with the often persistent and disabling functional and nonfunctional symptoms. These can include diminished concentration, sleep disturbance, psychomotor changes and feelings of reduced self worth and guilt (American Psychiatric Association, 2013)

Common to other psychiatric disorders, the aetiology of depression appears to involve environmental and genetic elements, with literature indicating a complex synthesis between neurotransmitter availability and receptor control within the brain (Palazidou, 2012). Two widely utilised classification systems; The WHO International Classification of Disease (WHO, 1992) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA, 2013) are utilised to diagnose a major depressive disorder (MDD). In both systems, diagnosis requires the presence of at least one core symptom for most of the day, almost every day, for the duration of at least two weeks.

Music therapy is an intervention used in medical, educational and everyday environments with individuals and groups to bestow the participant, their family and wider community with feelings of physical and mental wellbeing. It is reported that Individuals who practise music therapy may experience increased motivation, self image and ability to develop heightened coping mechanisms (Juslin, 2010). Increased social engagement has also been documented due to the social, pleasurable and immersive elements that active and receptive music therapy can bring (Maratos, 2001)

Objective/s:

This review aimed to consider the efficacy of music therapy for treating individuals with depression as an alternative to the usual psychological, pharmacological and/or other treatment regimens. Additionally, the effect of different forms of music therapy for any individual diagnosed with clinical depression was compared across a broad range of ages from adolescents to older people.

For the context of this review music therapy is considered to have the following features:

- All sessions were undertaken within a structured therapeutic framework.
- The overarching theme of the therapy was to improve health and wellbeing.
- A partnership approach between the therapist and the individual/individuals with depression was undertaken.
- The main therapeutic factor influencing the change could be described as the music or specific factors attributed to the music, the relationship, or reflections provoked by the music.

Intervention/Methods:

Studies involving randomised controlled trials (RCTs) and clinical controlled trials (CCTs) of individuals identified as having clinical depression and undergoing either treatment as usual, psychological therapies, pharmacological therapies or other forms of music therapy were selected for inclusion.

Primary outcome measures were depressive symptoms, as defined using continuous validated tools, and the number of adverse events. Secondary outcome measures included: capacity to function in social and occupational situations; self-esteem; quality of life; cost (not addressed by any of the identified studies); lack of acceptability or in tolerance to treatment causing individuals to leave the project; anxiety; and satisfaction with treatment (not addressed by any of the identified studies).

Studies were identified through a search of the Cochrane Common Mental Disorders Group specialised RCT register, the Wiley/Cochrane Library, Thomson Reuters/Web of Science, Ebsco/PsycInfo, Ebsco/CINAHL, Embase.com, PubMed, WHO International Clinical Trials Registry Platform, ClinicalTrials.gov, the National Guideline Clearing House, OpenGrey, Digital Access to Research Theses-Europe E-theses Portal, Open Access Theses and Dissertation and the ProQuest Dissertations and Theses Database. The terms 'depression' or 'mood disorders' or 'affective disorders' and 'music' and 'RCTs' were used.

Results:

Nine studies were identified for inclusion in the meta-analysis, with a total of 421 participants. Of these, one was a CCT and eight were RCTs.

All of the studies measured depressive symptoms. A significant, short-term improvement in depression symptoms (using both clinician and patient-reported scales), level of functioning and anxiety was identified for participants using music therapy together with treatment as usual, when compared with only treatment as usual. No significant differences were found between the use of music therapy and psychological therapy, or between active music therapy compared with receptive music therapy, when using physician or patient-reported measures. Adverse events were reported by only a single RCT; this indicated no significant link between music therapy and adverse events when compared with treatment as usual. No significant differences were found in quality of life or numbers of participants leaving the study early between those undergoing music therapy plus treatment as usual versus treatment as usual, between those undergoing music therapy compared with psychological therapy, or those using active music therapy compared with receptive music therapy. Additionally, no significant differences were found in the only study to examine self-esteem, in this instance comparing levels for those receiving music therapy plus treatment as usual, versus treatment as usual.

- **Conclusions:**

The review demonstrated that a significant, short-term improvement in depressive symptoms, level of functioning and anxiety can be seen in individuals undertaking music therapy together with usual treatment, when compared with a group undergoing treatment as usual. The number of adverse events for those having music therapy alongside their usual treatment was not significantly different to those only having treatment as usual.

Implications for Practice:

As a useful adjunct to treatment as usual in managing depression, music therapy offers the potential to reduce symptoms and improve anxiety and ability to function. There is no significant risk of adverse events documented. There is no significant difference in depressive symptoms between individuals undertaking music therapy when compared with psychological therapy.

Nurses working in partnership with their patients and families can be instrumental in identifying strategies and approaches which are most relevant to the individual. This may include a combination of treatment as usual, including psychotherapy, medication, collaborative care, occupational therapy and/or re-creative activities,

together with music therapy. This paradigm shift towards wellbeing and away from ill health empowers the patient in managing their own condition. The use of music therapy together with standard treatment options has the potential to reduce the significant financial impact of depression due to the resulting reduction in symptoms and resultant cost implications.

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