
Music Relieves Stress of Assisted Breathing



Patients who need assistance to breathe through mechanical ventilation may benefit from listening to music, a new review published in The Cochrane Library shows. The researchers found that music listening may relax patients, potentially resulting in fewer complications.

Mechanical ventilation often causes major distress and anxiety in patients. The sensation of breathlessness, frequent suctioning, inability to talk, uncertainty regarding surroundings or condition, discomfort, isolation from others, and fear all contribute to high levels of anxiety. Medications administered to reduce anxiety may lead to increased hospital stays and medical costs. "With all these factors making mechanical ventilation a highly stressful experience, it is exciting that music may provide a way to reduce anxiety in these patients without costly side effects," said lead researcher Joke Bradt of the Department of Creative Arts Therapies at Drexel University in Philadelphia and former researcher at Temple University's Arts and Quality of Life Research Center.

The researchers reviewed data from eight trials involving 213 patients in total. Patients, who had various conditions, including lung disease, cardiac disease and trauma injuries, all received mechanical breathing support via mouth, nose, or tracheotomy (artificial opening in the neck). In seven trials, patients listened to pre-recorded music and in the remaining trial a trained music therapist provided live music with a tempo matched to the respiratory rate of the patient. On average, listening to music reduced anxiety compared to standard care. It also reduced heart and breathing rates, although not blood pressure.

"These results look promising, but we need more trials to strengthen the evidence and we would certainly be interested in seeing more research on live music interventions provided by trained music therapists," said Bradt. "However, because music listening is an easy treatment to provide, we do recommend that music be offered as a form of stress management for critically ill patients." Little information was available about the specific kinds of music that produced beneficial effects. "Except for mentioning general styles, such as classical and easy listening, most of the trials made no mention of the music selections used," said Bradt. "In future trials, recording more detailed information about the music would help clinicians make better informed decisions about music selections. We recommend that medical personnel providing music to patients consult with a music therapist to understand what type of music may be best for a particular patient. Likewise, music therapists need to collaborate with medical personnel to carefully monitor the patients' physiological responses to the music."

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