Impact of the Music Engagement Program on depression for people with Alzheimer’s disease and dementia: Study protocol for a pilot trial

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Background

Alzheimer’s disease and dementia are highly prevalent with 1-million Australians expected to be living with these conditions by 2050 (1). These conditions are extremely disabling, and can be severely detrimental to an individual’s physical functioning, wellbeing, and mental health.

Therapy using music in this population has been well documented; however, there is a lack of cost-effective, evidence-based programs with broad-scale applicability. With its highly specialised approach, and minimal cost outlay, the Music Engagement Program (MEP) has strong potential for effectiveness and sustainability in this group.

Ethics: The ethical aspects of this research have been approved by The Australian National University Human Research Ethics Committee (ANU HREC 2018/645).

Method

The study aims to evaluate the specialised Music Engagement Program (MEP) (2) in improving depression symptoms and wellbeing, in people with Alzheimer’s disease and dementia living in a residential care home.

The MEP is an established program, targeted at increasing engagement and participation in the act of making music. The MEP comprises a highly specialised approach, informed by a social philosophy of shared, active music-making known as the Music Outreach Principle. This principle involves making music with the intent of altruistically reaching out to others.

The program will comprise 8 x 45-60 min weekly MEP sessions with ~15-20 aged-care home residents in the ACT.

Table 1 presents the measures; Figure 1 presents the trial flow.

Results

The results of the study will be submitted for publication in relevant academic journals and mental health conferences. Plain language summaries will also be disseminated to participants on request, to the residential care facility, and via the lead researcher’s website.

Table 1. Measures and assessment time points

<table>
<thead>
<tr>
<th>Constraint</th>
<th>Measure</th>
<th>Residential facility staff (prior to study)</th>
<th>Pre-intervention (before week 1)</th>
<th>Pre-intervention (end of weeks 1-8)</th>
<th>Post-intervention (week 9)</th>
<th>Post-intervention (end of weeks 9-16)</th>
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<tbody>
<tr>
<td>Depression symptoms</td>
<td>Cornell Scale</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Mood</td>
<td>Visual analogue</td>
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<tr>
<td>Social connectedness</td>
<td>Visual analogue</td>
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<tr>
<td>Demographic data</td>
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<tr>
<td>Dementia severity</td>
<td>MMSE</td>
<td>✅</td>
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<tr>
<td>Experience of program (staff)</td>
<td>Interview</td>
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<tr>
<td>Experience of program (family/care)</td>
<td>Intensive</td>
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Note: MMSE = Mini-Mental State Examination; Visual analogue scale is based on the WONCA charts for “Feelings” and “Social Activities”.

Figure 1. Trial flow

Conclusions

This study can indicate the feasibility of the MEP in enhancing mental health and wellbeing in individuals with Alzheimer’s disease and dementia. Future research will be needed to investigate the sustainability of the program.

References