An Open Letter to Physicians Serving People with Dementia in Skilled Nursing Facilities

Dear Doctor;

Let me tell you a story about John. However, this fictitious person could just as easily be Jane.

You're the physician in charge of John's care at the SNF. Like so many others you treat, John has Alzheimer's Disease. When you visited the facility this afternoon, John was in no apparent distress and was resting comfortably.

Now you are sleeping comfortably, less than 12 hours after seeing John, when your phone rings. This is an urgent call from the night-shift charge nurse. Even as she talks, you can hear John in the background. You can't help but hear John. He's yelling, and his yelling is spreading upset and distress to everyone else – residents and staff alike.

The call includes a request for medication to treat John's acute agitation. You know the staff have used good clinical skills and have already tried various calming techniques. You confirm they have checked for obvious causes of agitation, and found none. You think of the antipsychotic, anxiolytic, or other medications that might calm John. Of course, you recall the FDA Black Box warnings[1] that typical and atypical antipsychotics are associated with increased risk of death and the collaborative efforts to reduce their unnecessary use in nursing home residents. But you want to address both John's distress and the distress he's causing other residents and facility personnel.

What is the best practice in this situation?

Now you recall that this SNF is part of the Music & Memory Project with CAHF. John has a personalized playlist on his iPod Shuffle. Maybe that will work, you think. What's the harm? No danger of death or overdose. You recommend a music intervention. Using gentle clinical skill, the nursing staff approach John and persuade him to "give a little listen, just for a minute." Reluctantly, perhaps, John agrees. Slowly, he starts to calm and rewards the staff with a smile. The next morning you are happily informed about the effectiveness of this non-pharmaceutical intervention.

Now that's music to your ears!

Thinking about this favorable outcome, you recall another article you read in 2014 in the *British Journal of Psychiatry*[6]. When you look it up later that morning, you read that in the studies when music therapy was provided, agitation was reduced. Reading that article reminds you of the paper[7] citing a 2012 survey of care facilities certified to use the Music & Memory program. "53% of respondents believed that personalized music can help reduce the use of antipsychotic medications; another 44% responded that it may help." You then look up what Linda A. Gerdner, RN, Ph.D. wrote at the Stanford Geriatrics Education Center about an evidence-based guideline for individualized music for persons with dementia[8]. John's return to a calmer state was no accident, you conclude. So, John is happy. The staff is happy. And you are happy that this SNF is part of the Music & Memory Project with CAHF.

For more information about the CAHF Music and Memory Project please go to:
http://cahf.org/AboutCAHF/MusicMemory.aspx

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For further reading:

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Sung, H. C., Chang, A. M., & Lee, W. L. A preferred music listening intervention to reduce anxiety in older adults. 2010; *Journal of clinical nursing*, *19*(7-8), 1056-1064.