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

Dear Doctor,

Let me tell you a story about John. Although 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, "Get me out of here!" 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 they 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 you know the need for collaborative efforts to reduce their unnecessary use in nursing home residents. Still, 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 down and rewards the staff with a smile. The next morning you are happily informed about the effectiveness of this non-pharmaceutical intervention and how well John slept through the rest of the night.

Now that's music to your ears!

Thinking about this favorable outcome, you remember a 2017 article[2] you read. The authors described measures of 108 individuals in a carefully designed program at NYC Health + Hospitals/ Coler. As the number of individuals enrolled in the Music and Memory program increased, the frequency of falls, physical altercations, and the use of antipsychotic medications decreased. The authors concluded that the decreases led to reduced costs to the facility for psychiatric ER visits, as well as reduction of transfers to acute hospital for management of the consequences of falls and altercations. Not surprisingly, there were improvements in staff morale, team work, enhanced bonding among staff, residents and family members, and less staff turnover.

While reviewing the literature, you come across a large study,[3] published in 2017, which compared 2 groups of nursing homes. One group used the Music and Memory program and the other did not. The researchers found statistically significant reductions in antipsychotic and anxiolytic/psychotropic medications as well as reductions in behavioral problems only in the group of nursing homes that used the Music and Memory program.

Further reading reveals that these studies are consistent with older work. For example, you note that Linda A. Gerdner, RN, Ph.D. wrote[4] about an evidence-based guideline for individualized music for persons with dementia. The 6th edition is now in preparation; the first edition was published in 1996.
Another paper[3] citing a 2012 survey of care facilities certified to use the Music & Memory program reported that "53% of respondents believed that personalized music can help reduce the use of antipsychotic medications; another 44% responded that it may help." And in 2014 the *British Journal of Psychiatry*[5] described studies reporting that when music therapy by trained therapists was provided, agitation was reduced.

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://www.cahf.org/Programs/MusicMemory

For more information regarding the national Music and Memory Program, please go to
https://musicandmemory.org/

References:

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For further reading:

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