A NURSE'S STORY from the CAHF Music and Memory Project

Let me tell you a story about Fred. Of course, this fictitious person could just as easily be Fredericka.



You're on duty. You hear Fred. You can't help but hear Fred. He's screaming, and his screaming is spreading upset and distress to everyone else.

What are you going to do? You have used your good clinical skills and you have already tried various calming techniques. You have checked for obvious causes of agitation, and you found none. You think of the antipsychotic drugs that can calm Fred. Then you recall the FDA Black Box¹ warnings that typical and atypical antipsychotics are associated with increased risk of death, and you recall the more recent, very large (n = 75,445 aged \geq 65) study of new users of antipsychotic drugs conducted by Harvard researchers and published in BMJ,² as you consider other potentially serious side effects of such medication in the demented elderly. You feel powerless, frustrated. So, what <u>are</u> you going to do???

Now you recall that your facility is a MUSIC & MEMORY[™] Certified Care Organization, and Fred has a personalized playlist on his iPod Shuffle. Maybe that will work, you think. What's the harm? No danger of death or danger of overdose. Gently, you approach Fred. Maybe you even remember one of the songs he likes, and you hum a little. Finally, you persuade Fred to "give a little listen, just for a minute." Reluctantly, perhaps, Fred agrees. Slowly, he starts to calm and eventually he rewards you with a smile.

Now that's music to your ears!

Is this story way too optimistic? Pie in the sky? Is Fred just fiction?

There is a strong and extensive literature showing that positive results follow the use of individualized playlists when applied to agitated or anxious, demented patients or residents. For example, Linda A. Gerdner, PhD, RN, at the Stanford Geriatrics Education Center, wrote an evidence-based guideline (5th edition³ and 6th edition in preparation) for individualized music for persons with dementia. The findings of a meta analysis in 2014, published in *British Journal of Psychiatry*⁴ were quite consistent with the guideline. No wonder there is the California mandate to reduce the use of typical and atypical antipsychotics in the demented elderly.

Thinking about this favorable outcome, you remember a 2017 article⁵ 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, and enhanced bonding among staff, residents and family members.

While reviewing the literature, you come across a large study,⁶ 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 medications as well as reductions in behavioral problems only in the group of nursing homes that used the Music and Memory program.

So, let's conclude our story: Fred's return to a calmer state was no accident, you conclude. So, Fred's happy. The staff is happy. You're happy. And you're happy that this SNF is part of the Music & Memory Project with CAHF.

For more information on the CAHF Music and Memory Project contact Amanda Davidson at <u>adavidson@cahf.org</u> , (916) 432-5209 or visit <u>http://www.cahf.org/Programs/MusicMemory</u>

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

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