Music therapy improves symptoms in adults hospitalised with schizophrenia

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**Music therapy improves symptoms in adults hospitalised with schizophrenia**


Q Does music therapy improve symptoms in people hospitalised with schizophrenia?

**METHOD**

- **Design:** Randomised controlled trial.
- **Allocation:** Concealed.
- **Blinding:** Single blind (assessors blinded).
- **Follow-up period:** Three months (treatment period only).
- **Setting:** Four London hospitals, UK; time period not stated.
- **Patients:** Eighty one adult inpatients (≥18 years old) with a primary diagnosis of schizophrenia or schizophrenia-like psychosis. Exclusions: secondary diagnoses of dementia or organic psychosis.
- **Intervention:** Music therapy (access to a range of musical instruments and encouragement to express themselves accompanied by a trained music therapist during weekly individual sessions of up to 45 min) plus standard care (access to occupational, social and other activities and nursing care) versus standard care alone for up to 12 weeks.
- **Outcomes:** Primary outcome measure: symptoms, total score on the Positive and Negative Syndrome Scale (PANSS); secondary outcome measures: satisfaction with care, Client Satisfaction Questionnaire (CSQ); global function, Global Assessment of Functioning Scale (GAF).
- **Patient follow-up:** 85%.

**CONCLUSIONS**

Adding music therapy to standard care improves symptoms compared with standard care alone in people hospitalised with schizophrenia. Adding music therapy to standard care did not have a significant impact on overall patient satisfaction with care and global function.

**NOTES**

In this issue, Crawford and Patterson review the evidence for arts therapies in schizophrenia (see page 69).

**Commentary**

Schizophrenia is a serious mental disorder that can take a chronic course. Symptoms are classified as “positive” (such as hallucinations and “negative” (such as affective flattening or poor social relationships). Treatment options for people with severe mental disorders traditionally include medication and verbal psychotherapy, but these can have limited effects in the most severely affected patients. Music therapy is an approach that may help those who do not easily benefit from exclusively verbal approaches to psychotherapy by using musical interaction (usually combined with verbal reflection of the musical processes) as a means of expression and communication. It may enable patients to bring forth hidden resources and build social competencies, potentially improving some symptoms and areas of functioning which are not easily affected by traditional modes of therapy. Previous studies showed beneficial effects of music therapy for people with chronic schizophrenia in Asia.1–4 The present study compares standard care plus music therapy (up to 12 individual sessions) to standard care alone. Results suggest that music therapy helps to improve symptom level (but not global functioning and satisfaction). This study confirms the validity of previous findings for Western countries and the feasibility for acute psychosis. The authors rightly conclude that their study justifies a larger trial to confirm the findings and to examine mechanisms of change in music therapy as well as predictors of its effects. However, an additional aspect that may be hidden when looking at this study alone is the importance of a sufficient number of sessions. Results from a systematic review (which included data from this study) suggested that many patients will need more than the 12 sessions provided in this study to reliably achieve meaningful effects.2 This is important to consider in clinical practice and an important issue for future research.

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