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Author:
Särkämö, Teppo, Institute of Behavioural Sciences
Laitinen, Sari, Miina Sillanpää Foundation
Numminen, Ava, KeyToSong Singing School
Kurki, Merja, Miina Sillanpää Foundation
Johnson, Julene K, Institute for Health & Aging
Rantanen, Pekka, Finnish Association of People with Physical Disabilities

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Different Pattern of Emotional Benefits Induced by Regular Singing and Music Listening in Dementia

Teppo Särkämö, PhD,¹ Sari Laitinen, LicPhil,² Ava Numminen, PhD,³ Merja Kurki, PhD,² Julene K. Johnson, PhD,⁴ and Pekka Rantanen, MD, PhD⁵

¹Cognitive Brain Research Unit, Institute of Behavioural Sciences, University of Helsinki, Helsinki, Finland
²Miina Sillanpää Foundation, Helsinki, Finland
³KeyToSong Singing School, Helsinki, Finland
⁴Institute for Health & Aging, University of California, San Francisco, USA
⁵Finnish Association of People with Physical Disabilities, Validia Rehabilitation Helsinki, Helsinki, Finland
To the Editor: Behavioral and psychological symptoms of dementia (BPSD), such as depression and anxiety are highly prevalent symptoms in persons with dementia (PWDs) and represent one of the most complex, stressful, and costly aspects of dementia care. Previous studies have demonstrated that the capacity of music to evoke emotions and memories is often preserved even in severe Alzheimer’s disease (AD) and that music therapy or musical activities can enhance mood and social interaction in PWDs, although more evidence is still needed. In a recent randomized controlled trial (RCT), we compared the cognitive and emotional effectiveness of two types of caregiver-implemented musical activities, singing and music listening, to standard care in mild-moderate dementia. Both singing and music listening improved performance on the MMSE and attention and executive function tests as well as reduced depression symptoms indexed by the Cornell-Brown Scale for Quality of Life in Dementia (CBS) total score. Extending this study, our aim was to determine whether singing and music listening, which differ motorically, cognitively, and emotionally, would show a distinct pattern of emotional benefits on the subscales of the CBS.

METHODS

In the RCT, 89 PWD-caregiver dyads were randomized to a Singing Group (SG), Music Listening Group (MLG), or Control Group (CG). Inclusion criteria were mild-moderate dementia, no prior severe psychiatric illness or substance abuse, stable medication, and physically able to participate. In the SG and MLG, the dyads participated in a 10-week intervention involving weekly small-group sessions (1.5 h per session) and home training, with a focus on coaching the caregivers to use either singing (SG) or listening (MLG) of familiar songs together with the PWD as a part of everyday care. The CG received standard care and continued with normal daily activities. All PWDs underwent neuropsychological testing, which included assessment of depression and quality of life (QoL), before (baseline) and after (follow-up 1) the intervention and six months post-intervention (follow-up 2). Eighty-four PWDs completed the study up to follow-up 1 and 74 up to follow-up 2.
Depression was assessed with the CBS\(^7\) based on PWD interviews and informant reports. The CBS comprises 19 bipolar (rated from -2 to 2) items and five subscales measuring different depression symptoms: Mood-related signs (e.g., sadness – happiness), Ideational disturbances (e.g., self-deprecation – self-esteem), Behavioral disturbances (e.g., agitation – serenity), Physical signs (e.g., fatigue – energy), and Cyclic functions (e.g., difficulty falling asleep – falling asleep easily)\(^7\). The data were analyzed using General Linear Models (GLM) with follow-up score as a dependent variable, group as a factor, and baseline score as a covariate. Post hoc testing was performed on the change scores using Tukey’s HSD.

**RESULTS**

Table 1 shows the CBS subscale scores for the PWDs in the three groups. At follow-up 1, there were significant group effects in two of the five domains: Behavioural disturbances \(F(1, 79) = 3.46, P = 0.036\) and Physical signs \(F(1, 79) = 5.20, P = 0.008\). In Behavioural disturbances, the MLG improved more than the CG \(P = 0.005\) whereas the MLG and SG did not differ. In Physical signs, especially the SG \(P = 0.001\) but also the MLG \(P = 0.024\) improved more than the CG. The proportional gain of Physical signs from the CBS total score was clearly higher in the SG (38%) than in the MLG (10%) whereas for Behavioural disturbances this was more similar (18% vs. 26%). At the longitudinal follow-up 2, no significant group effects were observed on any of the subscales.

**DISCUSSION**

Previous studies that have included both active (singing or music therapy) and passive (listening-based) music interventions have reported short-term emotional benefits for both interventions but slightly larger positive effects on BPSD and arousal for active interventions in PWDs\(^8,9\) and other neurological groups\(^10\). Our results extend these findings by showing that singing and music listening
can target different domains of depression symptoms in mild-moderate dementia. Although both music intervention groups showed some benefits for negative affect and ideation (e.g., anxiety, pessimism, self-esteem) compared to the CG, the largest gains in the MLG were observed for the different behavioral disturbances of depression, such as agitation and loss of interest, whereas the SG showed pronounced gains in the physical signs of depression, including lack of energy and weight loss. This pattern of results is likely related to different nature of the interventions in terms of emotional valence and arousal: while both musical activities are highly pleasant and rewarding, listening to music and the associated reminiscence can be more calming and relaxing, whereas engaging in joint singing can be more energizing, refreshing, and stress-reducing.
ACKNOWLEDGMENTS

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Conflict of Interest: The editor in chief has reviewed the conflict of interest checklist provided by the authors and has determined that the authors have no financial or any other kind of personal conflicts with this paper. This work was supported by grants from the Miina Sillanpää Foundation (Helsinki, Finland), Finland’s Slot Machine Association (grant no. C28), and Academy of Finland (projects 141106 and 257077).

Author Contributions: Särkämö: study concept and design, data collection and analysis, interpretation of results, and preparation of manuscript. Laitinen and Numminen: study concept and design, implementation of interventions, and interpretation of results. Kurki, Johnson, and Rantanen: study concept and design and interpretation of results.

Sponsor’s Role: None.
REFERENCES


Table 1. Cornell-Brown Scale for Quality of Life Subscale Scores in the Intervention and Control Groups

<table>
<thead>
<tr>
<th>CBS Subscale</th>
<th>Time</th>
<th>Singing Group (N = 27/23a)</th>
<th>Music Listening Group (N = 29/28a)</th>
<th>Control Group (N = 27/22a)</th>
<th>P-Valueb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood-Related Signs</td>
<td>Baseline</td>
<td>1.8 ± 3.3</td>
<td>0.9 ± 3.5</td>
<td>2.4 ± 2.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow-Up 1</td>
<td>2.3 ± 2.7</td>
<td>2.3 ± 3.6</td>
<td>2.0 ± 2.9</td>
<td>0.216</td>
</tr>
<tr>
<td></td>
<td>Follow-Up 2</td>
<td>1.4 ± 2.6</td>
<td>2.1 ± 2.8</td>
<td>1.7 ± 2.6</td>
<td>0.128</td>
</tr>
<tr>
<td>Ideational Disturbances</td>
<td>Baseline</td>
<td>1.8 ± 2.9</td>
<td>0.7 ± 3.0</td>
<td>2.1 ± 2.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow-Up 1</td>
<td>1.9 ± 2.6</td>
<td>1.9 ± 2.4</td>
<td>1.7 ± 2.3</td>
<td>0.215</td>
</tr>
<tr>
<td></td>
<td>Follow-Up 2</td>
<td>1.4 ± 2.3</td>
<td>1.5 ± 2.6</td>
<td>2.3 ± 2.3</td>
<td>0.589</td>
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<tr>
<td>Behavioral Disturbances</td>
<td>Baseline</td>
<td>0.3 ± 2.8</td>
<td>-1.2 ± 3.1</td>
<td>0.2 ± 2.4</td>
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</tr>
<tr>
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<td>Follow-Up 1</td>
<td>0.9 ± 2.7</td>
<td>0.4 ± 2.2</td>
<td>-0.1 ± 2.5</td>
<td>0.036</td>
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<tr>
<td></td>
<td>Follow-Up 2</td>
<td>0.1 ± 2.5</td>
<td>-0.2 ± 2.3</td>
<td>0.1 ± 2.5</td>
<td>0.873</td>
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<td>Physical Signs</td>
<td>Baseline</td>
<td>0.3 ± 1.8</td>
<td>0.2 ± 2.2</td>
<td>1.4 ± 1.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow-Up 1</td>
<td>1.4 ± 2.2</td>
<td>0.8 ± 1.9</td>
<td>0.8 ± 2.3</td>
<td>0.008</td>
</tr>
<tr>
<td></td>
<td>Follow-Up 2</td>
<td>0.1 ± 1.8</td>
<td>0.8 ± 1.6</td>
<td>1.4 ± 1.4</td>
<td>0.150</td>
</tr>
<tr>
<td>Cyclic Functions</td>
<td>Baseline</td>
<td>0.8 ± 2.3</td>
<td>0.0 ± 2.8</td>
<td>1.9 ± 3.0</td>
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</tr>
<tr>
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<td>Follow-Up 1</td>
<td>1.5 ± 2.2</td>
<td>1.3 ± 3.0</td>
<td>1.5 ± 2.5</td>
<td>0.410</td>
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<td>Follow-Up 2</td>
<td>1.7 ± 1.9</td>
<td>0.9 ± 2.4</td>
<td>1.8 ± 2.1</td>
<td>0.803</td>
</tr>
</tbody>
</table>

aAt Follow-up 2
bFrom GLM with follow-up score as a dependent variable, group as a factor, and baseline score as a covariate