Music therapy as an addition to standard care helps people with schizophrenia to improve their global state and may also improve mental state and functioning if a sufficient number of music therapy sessions are provided. 

Music therapy significantly diminished patients' negative symptoms, increased their ability to converse with others, reduced their social isolation, and increased their level of interest in external events. As music therapy has no side-effects and is relatively inexpensive, it merits further evaluation and wider application. 

Results indicated that music has proven to be significantly effective in suppressing and combating the symptoms of psychosis. 

Depressed adolescents listening to music experienced a significant decrease in stress hormone (cortisol) levels, and most adolescents shifted toward left frontal EEG activation (associated with positive affect). 

Music therapy clients significantly improved on the Aggression/Hostility scale of Achenbach's Teacher's Report Form, suggesting that group music therapy can facilitate self-expression and provide a channel for transforming frustration, anger, and aggression into the experience of creativity and self-mastery. 

Additional References


In people hospitalized with schizophrenia, adding music therapy to standard care lead to greater improvement in symptoms than standardized care alone.


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

METHOD
Formula Design: Randomised controlled trial.

Formula Follow-up period: three months (treatment period only).

Formula Setting: Four London hospitals, UK; time period not stated.

Formula 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.

Formula 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.

Formula 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).

Formula Patient follow-up:
85%.

MAIN RESULTS
In people hospitalised with schizophrenia, adding music therapy to standard care lead to greater improvement in symptoms compared with standard care alone at 12 weeks (change in PANSS total score from baseline: -9.00 with music therapy plus standard care vs -2.96 with standard care alone; p = 0.045). There was no significant difference in patient satisfaction with care and global function between groups (change in CSQ score from baseline: +1.82 with music therapy plus standard care vs +0.33 with standard care alone; reported as non-significant; change in GAF score from baseline: +4.74 with music therapy plus standard care vs +4.60 with standard care; reported as non-significant).

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.

To learn more about music therapy contact JB Music Therapy 403.240.3877 or www.jbmusic.ca - music therapy workshops available