



MUSIC THERAPY ON DEPRESSION AMONG ELDERLY

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ABSTRACT

Old age is the most critical stage a person goes through. It is the stage where man faces problems physically, mentally, socially, and even economically. Depression in old age is an important public health problem causing considerable morbidity and disability worldwide. The aim of the present study was to determine the effect of music therapy on depression among elderly in selected old age home in Kanyakumari district. The objectives of the study are to assess the level of depression in experimental and control group of elderly before and after administration of music therapy, to compare the level of depression among experimental and control group after administration of music therapy. To find out the association between the post-test level of depression among elderly and selected demographic variables in experimental group. The conceptual frame work adopted for the study was from the concept of Von Bertalanffy general system theory. The investigator selected a quasi-experimental pre-test post-test design. The data was collected from 60 samples. Data was analyzed using descriptive and inferential statistics. The present study reveals that depression was reduced after music therapy among elderly with depression. Music therapy is found to be effective as there was significant reduction in depression score seen after the intervention in experimental group. A long term music therapy can bring a long lasting change in depression among old age home.

KEYWORDS :

1. INTRODUCTION

Ageing is a natural phenomenon and an inevitable process. Every living being born, develops, grows old and dies. Ageing is a process of gradual change in physical appearance and mental situation that causes a person to grow old. Earlier the elderly persons of a family were respected a lot and they continued to live with respect till their death. But now the times have changed. The elderly are treated as burden. These old people are the same who took care of their children when they were small. They did so willingly, without any complaint. They never considered their children as a burden.

Many physical and psychiatric problems can occur among these elders. It is of no doubt that these disorders are considerably prevalent in long term care institutions. One among these are depressive disorders which affect elderly and cause their quality of life to diminish significantly.

Depression is a state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behavior, feelings, world view and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may also be present depression can affect anyone and it is one of the most widespread illnesses, often co-existing with other serious illnesses. According to the World Health Organization, unipolar depressive disorders were ranked as the third leading cause of the global burden of disease in 2004 and will move into the first place by 2030.

1.1 Need and Significance of the Study

The World Health Organization estimated that the overall prevalence rate of depressive disorders among the elderly generally varies between 10 and 20%, depending on the cultural situations. The community-based mental health studies in India have revealed that the point prevalence of depressive disorders in elderly Indian population varies between 13% and 25%. Although India is the second-most populated country in the world, in terms of elderly population of 60 years and above, elderly depression is not yet perceived as a public health problem in India. Very few community-

based studies have been conducted in India so far to address this issue.

Depression is associated with morbidity as well as disability among the elderly. They constitute a major public health problem worldwide and their prevalence rates range between 10 and 55%. The prevalence of diagnosed depressive disorders was comparable between demented and non-demented residents in old age homes. A periodic screening of inmates of old age homes for depression as well as other psychiatric illness will be helpful in early detection and prompt treatment.

A study conducted in non-psychiatric wards of Mamata General Hospital and Medical College, Khammam, Andrapradesh reported that out of 120 patients, 48(40%) had psychiatric illness. Several factors can contribute to the occurrence of depression among elderly especially those who are staying in old age homes. A study was done to assess the presence of depressive symptomatology among elderly residents in long stay institution (LSI) and in the community of Recife, Brazil. The LSI elderly exhibited more depressive symptoms and more dependency. Being male, having no spouse and having a low schooling level are risk factors for depressive symptoms. Most elderly with depressive symptoms received no medication for depression. The co-existing factors in elderly are risk factors for the depression also, to a great extent. These constitute isolation from the family, powerlessness, financial insecurity, deteriorating health status, loss of spouse, etc. majority of these factors are non-modifiable. This adds to the high prevalence of depression in long stay care homes.

Depression is one among those which adversely affect the quality of life of elderly. It is well known that depression deteriorates basic activities of daily living (ADLs), such as eating and bathing, among the elderly. Many factors contribute to the deteriorating quality of life of elderly people living in care institutions. Quality of life for elderly people living in care institutions can become deteriorated when they are not capable to do the usual activities necessary for daily living. Exacerbating factors included sex, symptoms of depression, anxiety, or perceived mistreatment by their families.

Depression can be predictable also with one's cognitive function, perceived health status, and various disability

causing illnesses like osteoarthritis. A study was conducted in Finland, trained music therapists engaged participants in up to 20 sessions of co-improvisational active music-making as the basis of a therapeutic relationship. This is a high-quality randomized trial of music therapy specifically for depression and the results suggest that it can improve the mood and global functioning of people with this disorder.

By helping people express their emotions, music therapy, when combined with standard care, appears to be an effective treatment for depression, at least in the short term. Music therapy has specific qualities that allow people to express themselves and interact in a non-verbal way-even in situations when they cannot find the words to describe their inner experiences.

Discussion with the experts also helped the investigator to realize its need. The psychiatry department also felt the need for such a study. The investigator therefore strongly believes that, this study is a felt need of time and will be useful for elderly. Considering all the above mentioned facts the researcher found it very essential to conduct this study. Hence the particular topic was selected for research. Moreover the researcher had also seen some literatures stating music therapy was found to have capability to reduce depression and mental tension but similar studies are very few in Indian settings. So the investigator became curious to find out the effect of music therapy in reducing depression among elderly people in Indian scenario.

1.2 Objectives of the Study

To assess the level of depression in experimental and control group of elderly before and after administration of music therapy.

To compare the level of depression among experimental and control group after administration of music therapy.

To find out the association between the post-test level of depression among elderly and selected demographic variables in experimental group.

1.3 Hypothesis

H1: There will be a significant difference in level of depression in experimental and control group of elderly before and after music therapy.

H2: There will be a significant association between the post-test level of depression among elderly and selected demographic variables in experimental group.

1.4 Conceptual Framework

The conceptual framework for this study was adopted from modified **Von Bertalanffy general system theory**. All system is open in that there is a continual exchange of matter, energy and intervention.

2. MATERIALS AND METHODS

2.1 Research Approach

Evaluative approach was used to determine the effectiveness of music therapy on level of depression among elderly.

2.2 Research Design

A quasi experimental pre-test post-test design with control group was chosen for this study to evaluate the effectiveness of music therapy on depression among elderly.

2.3 Variables

Independent Variable - Music therapy

Dependent Variable- Depression among elderly

2.4 Settings of the Study

The study was conducted in selected old age homes (Sanjeevani old age home & Anbaham old age home) at Kanyakumari district.

2.5 Population and Sample

The populations for the present study were all elderly with depression. The samples selected for the present study were elderly with depression in selected old age homes.

The total sample consists of 60 elderly with depression who satisfies the sample selection criteria, out of which 30 were in the experimental group and 30 were in control group.

Non-probability purposive sampling technique was used for the study.

2.6 Sampling Criteria INCLUSION CRITERIA

Elderly with Depression;

- Those who are willing to participate in the study.
- Elderly between the age group of 60-90 years.
- Elderly with mild to moderate depression.
- Those who are residing in the old age home.
- Those who understand Tamil.

EXCLUSION CRITERIA

Elderly with Depression;

- Those with severe depression (depression score of 24-30 on GDS).
- Those who are not willing to participate in the study.
- Those who are with sensory deficit.

2.7 Tools & Technique

PART I

DEMOGRAPHIC VARIABLES

The investigator constructed this tool to collect the demographic data of elderly.

It consists of 9 items.

PART II

MODIFIED YESAVAGE GERIATRIC DEPRESSION SCALE

The Geriatric Depression Scale (GDS) was first created by Yesavage has been tested and used extensively with the older population.

The questionnaire consists of 30 items. Out 30 items 20 are positive items and 10 are negative items.

2.8 Data Collection Procedure

The data collection procedure was done for a period of 4 weeks in old age homes. Permission to conduct the study was obtained from the director of old age homes. The subjects were informed by the researcher about the nature and purpose of the study. Informed written consent was obtained on the 1st day. Modified Yesavage Geriatric Depression Scale was used to assess pre-test level of depression. Music therapy was given (3 weeks continuously) for a time period of 45 minutes every day. Intervention is given only to experimental group for 21 days along with their usual daily activities. Control group remained with their usual activities only. Hamsadhvani raga-instrumental is used. Flute is the principal instrument. Famous compositions using flute and percussion instruments (Tabla) are employed. The investigator had consulted with music therapists and music experts. Music CD was developed under their guidance. The therapy was given without any external disturbances. Speakers were used. Post-test was done after 21 days of intervention using the same questionnaire.

3. RESULTS AND DISCUSSION

3.1 Description of the Socio Demographic and Clinical Variable

Characteristics Understudy

- With regard to sex, majority were males in both the group of 21 (70%) and 19 (63.3%) respectively.

- With regard to religion, majority of 17 (56.7%) were Christians in experimental group on the other hand majority of 16 (53.3%) were Hindus in control group.
- With regard to previous occupation, majority of them were coolie workers in both groups of 26 (86.7%) and 19 (63.3%) respectively.
- With regard to income, majority of them do not possess any income in both group of 20 (66.7%) and 12 (40%) respectively
- With regard to hobbies, majority of them are interested in gardening of 15 (50%) and 14(46.7%) respectively in both the groups.

3.2 Distribution of Elderly According to Age

In the experimental group, majority of the elderly 17 (56.7%) belonged to 60-70 years, 2 (6.7%) belonged to 81-90 years. Where as in control group 16 (53.3%) belonged to the age group of 71-80 years, 4 (13.3%) belonged to the age group of 81-90 years.

3.3 Distribution of Elderly According to Marital Status

With regard to marital status in experimental group majority of 11 (36.7%) were married and 12 (40%) were widowed. Where as in control group majority of 16 (53.3%) were widow or widowers.

3.4 Distribution of Elderly According to Number of Children

With regard to number of children, 20(66.6%) have two or more than two children in experimental group also in control group more of 16 (53.3%) have more than two children.

3.5 Distribution of Elderly According to Their Educational Status

With regard to education, majority of around 12(40%) completed secondary level of education in experimental group on the other hand majority of 10(33.3%) completed primary level of education in control group.

Table: 1 Mean, Standard Deviation, Mean Difference and t-value of pre-test and post-test level of depression among elderly in experimental group.

N=30

Sl. No	Experimental group	Mean	SD	MD	t-value
1	Pre test	17.2	3.14	6.4	37.86*
2	Post test	10.8	3.10		

*-significant at p<0.05 level

Table 1 reveals that among experimental group the mean pre-test score is 17.2 with standard deviation 3.14. The mean post-test score is 10.8 with standard deviation 3.10. The mean difference was 6.4. The obtained t-value is 37.86, whereas the table value is 2.03. It is significant at p<0.05 level.

It is inferred that music therapy is highly effective in reducing depression among elderly.

Table: 2 Mean, Standard Deviation, Mean Difference and t-value of pre-test and post-test level of depression among elderly in control group

N=30

Sl. No	Control group	Mean	SD	MD	t-value
1	Pre test	16.9	3.30	0.1	0.53*
2	Post test	16.8	3.37		

Table 2 revealed that in control group the mean pre-test score is 16.9 with standard deviation 3.30. The mean post-test score is 16.8 with standard deviation 3.37. The mean difference is 0.1. The obtained t-value was 0.53, It is not significant at p<0.05 level hence the stated hypothesis is accepted.

Table: 3 Mean, Standard Deviation, Mean Difference and t-value on post-test level of depression among elderly in experimental and control group.

N=60

Sl. No	Groups	Mean	SD	MD	t-value
1	Experimental group(post-test)	10.8	3.10	6.0	7.79*
2	Control Group(post-test)	16.8	3.37		

*-significant at p<0.05 level

Table: 3 reveals that among experimental group the mean post test score is 10.8 with standard deviation 3.10. In the control group the mean post-test is 16.8, with standard deviation 3.37. The mean difference is 6.0. The obtained t-value is 7.79, and the table value is (2.045), which is significant at p<0.05 level.

It is inferred that music therapy is effective in reducing depression among elderly hence the stated hypothesis is accepted.

3.6 DISCUSSION

The elderly have to be treated with special care because of their problems are different from other groups. Care of elderly has become an essential component of nursing and medicine. People of ripe age bring new challenges and demands. It is needless to say that elderly have the greatest demand for nursing services.

A study was conducted to determine the effect of music therapy on depression among the elderly in selected old age homes in Kanyakumari District. A quasi experimental pre-test post- test design with control group was chosen for this study to evaluate the effectiveness of music therapy on depression among elderly. The modified Yesavage geriatric depression scale was used to collect the data.

The questionnaire consists of 30 yes or no type of item. It includes 20 positive and 10 negative items; each item consists of a given situation. The data collection tools were validated by seven experts and reliability was established. Test retest method was done for determining the reliability of the tool and the r=0.9.

4. CONCLUSION

The following were drawn from the findings of the study

1. Music therapy helps to reduce the level of depression among elderly residing in old age home.
2. The study also reveals that there is an association between depression and demographic variables like age, marital status and number of children.

4.1 Nursing Implications

The present study has got implications in the field of nursing service, nursing administration, nursing education and nursing research.

- Music therapy can be given to elderly in decreasing depression.
- Music therapy can be planned and given by staff as a non-pharmacological intervention for their clients.
- Alternative & complementary therapies can be integrated as an adjuvant on to the existing therapies in the nursing curriculum.
- Nurse educator can train & encourage the student nurses to utilize music therapy as complementary therapy in their professional life.
- Music therapy may be integrated in the psychiatric nursing programme regarding complementary therapies.
- The nurse administrator can conduct in service education program on music therapy in decreasing depression among elderly.

- This helps the nurse administrator to develop and provide an effective non psychological measure for decreasing depression among elderly.
- Nurse administrator can create awareness among nurses that music therapy is a simple, nursing intervention in decreasing depression.
- The finding of the study increases the scope for expanding the quality of nursing service, in this area of evidence based practice; publication of this study will contribute a part for the improvement of profession.
- Nurse researcher can do studies related to other beneficial effects of music therapy.

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