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“Schubert dressing”: Musical counter-stimulation to accompany painful interventions

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Context: Benefits of music therapy to patients hospitalised in palliative phase have previously been reported (OPPERT, 2012, 2014, 2016).

Objective: To observe potential sensory counter-stimulation effects in patients in a palliative care unit exposed to music during painful care interventions: bathing, dressings, intravenous or intra-abdominal catheter insertion. Study concerned: patients 80% oncological, 10% neurological; 20% dementia, 5% psychotic; 230 hospitalisations per year; 10 beds; average stay 12 days.

Method: Open, monocentric, prospective study by a music therapist/cellist intervening at patient's bedside. Analysis of 200 “Schubert dressings” over 2 years in collaboration with Unit's health personnel. All patients consented consecutively to receiving music therapy or not to accompany painful intervention. Following data compiled on a specific observation form: age, pathology, cognitive status, art tastes, intervention type, pre-medication, session length. Following data compiled before, during and after intervention: pulse rate/BP, respiratory rate, thoracic expansion, pain status (VRS,

BRS), communication and anxiety (expressed directly and hetero-assessed indirectly), patients' and carers' sentiments.

Results: Earliest results (intermediary results of 50 dressings based on forms reporting comparatively with and without musical counter-stimulation) reveal:

- 10-50 % pain reduction with “Schubert dressing”, showing musical stimuli can relieve pain sensation
- muscle relaxation
- reduction in anxiety
- beneficial effect on carers

Conclusion: Despite methodological difficulties, discussed and analysed, associated with assessment – difficulty applying scales approved for long term assessment used over a short period, and issues of subjectivity – due to carers' responses to music therapy session, “Schubert dressing” sessions had significant positive effects on feelings of pain and anxiety experienced by patients during painful interventions.

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