



The older adult population may experience a variety of aging-related physical, mental and emotional changes, which are frequently compounded by a life threatening illness.

- **COGNITIVE:** Individuals with dementia or another Organic Brain Syndrome often experience changes in their ability to recall and retain recent memories or learned information. They may also develop the inability to reason and care for themselves.
- **SPEECH/COMMUNICATION:** These skills can be damaged from a cardiovascular accident or when a person has a disorder affecting motor control such as Parkinson's Disease, or deficits due to a dementia related disease. These individuals may have trouble with control of the muscles in the face and mouth, experience the inability to form and express sentences or thoughts, may forget words, and may lose the ability to understand speech.
- **PHYSICAL/MOTOR SKILLS:** Neurologic diseases and general aging can result in unorganized motor movements, weakness of muscles, stiffness, swelling, pain, brittle bones, and loss of bone mass. This leaves people with a reduced ability to move or participate in the activities of daily living. Additionally, fall risks increase.
- **SOCIAL/EMOTIONAL:** Social situations can be difficult when an individual becomes less mobile as they age or their eyesight and hearing worsens. Reduced participation in hobbies and decreased access to friends and family may cause many older adults to retreat. These compounding issues increase incidences of isolation and depression.

Impact of the work:

- Music therapy interventions provide strategies to: provide diversion for inactivity, discomfort, and daily routine; decrease anxiety, insomnia, and agitation; address problem behaviors; help in the management of pain; facilitate social integration; communication; and the expression of feelings.
- Group music therapy interventions have shown to be a noninvasive treatment for reducing depression in older adults.
- Music therapy can delay the deterioration of cognitive functions, particularly short-term recall function.
- Music therapy interventions that demand a high level of cognitive processing, enhances attention control, falls efficacy, and helps alleviate agitation in patients with mild-to-moderate dementia.
- Music therapy increases motor functioning therefore improving mobility, decreasing falls, and maintaining independence with activities of daily living.

Research Articles:

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2. Ashida, S. (2000). The effect of reminiscence music therapy sessions on changes in depressive symptoms in elderly persons with dementia. *Journal of Music Therapy*, 37(3), 170-182.
3. Cevasco, A.M. & Grant, R.E. (2003). Comparison of different methods for eliciting exercise-to-music for clients with Alzheimer's disease. *Journal of Music Therapy*, 40(1), 41-56.
4. Clair, A.A. (1996). *Therapeutic Uses of Music with Older Adults*. Health Professions Press. Baltimore, MD.
5. Chen, Y. L., & Pei, Y. C. (2018). Musical dual-task training in patients with mild-to-moderate dementia: a randomized controlled trial. *Neuropsychiatric disease and treatment*, 14, 1381-1393. doi:10.2147/NDT.S159174
6. Thaut, M., McIntosh, G. Prassas, S., & Rice, R. (1993). Effect of auditory rhythmic pacing on normal gait and gait in stroke, cerebellar disorder, and transverse myelitis. In M. Woollacott & E. Horak (Eds.), *Posture and gait: Control mechanisms* (pp. 437-440). Eugene, OR: University of Oregon Books.