Music therapy can help reduce patients’ distress and increase the quality of their sleep.

**In this article...**

- Review of evidence for using music to reduce anxiety with people with coronary heart disease
- Limitations of the evidence

**F**or people with confirmed coronary heart disease, do music interventions with standard care reduce anxiety and distress, and improve physiological functioning compared with standard care?

**Nursing implications**

Nurses working with patients who have a confirmed diagnosis of CHD are well placed to start practice interventions using music. It is suggested that using music with this group may lead to a reduction in their anxiety when they are undergoing surgery and other procedures for CHD. It appears to be effective in reducing anxiety for people with myocardial infarction.

**Study characteristics**

This summary is based on an updated review from 2009, with four new trials included in the update (Bradt, 2013). The review referred to 26 quasi-randomised and randomised trials, comprising 1,369 participants. Fourteen of the 26 studies included people undergoing cardiac surgery and procedures \( n = 955 \). A large majority of the participants were white men and the average age was 63 years.

The outcome measures included:

- Psychological distress;
- Anxiety;
- Heart rate;
- Respiration rate;
- Systolic blood pressure;
- Pain.

Most studies were assessed to be at high risk of bias and only three included a trained music therapist who would carefully select music interventions consistent with the patients’ needs.

**Summary of key evidence**

The evidence in the review is rated low or very low so should be interpreted with caution. The included studies used calming or sedative music (such as new age or classical) as the intervention of choice with standard care for people with confirmed CHD. The evidence indicated that music may be beneficial for people with CHD who experience psychological distress and anxiety. When patients could choose their own music, anxiety reduction was greater.

Music as an intervention may have physiological effects on the body and has been demonstrated to reduce heart rate, respiratory rate and systolic blood pressure. Pain may be reduced by two or more music sessions for patient-related pain. Music may result in better-quality sleep for the patient after surgery for CHD interventions.

**Best-practice recommendations**

Music may have the potential to reduce anxiety for patients undergoing interventions for CHD. To ensure a person-centred focus, a music therapist should be appointed to develop and implement relevant music therapy programmes in consultation with the patient and staff.

Nurses should encourage patients to listen to music of their choice as and when they desire. Encouraging the use of music sessions may help the patient reduce pain and improve sleep quality. However, because of the low-quality evidence included in the review, these recommendations must be interpreted with caution.

Future studies in this area should be carefully designed and conducted to ensure high-quality evidence is produced that allows for the development of more definitive recommendations for best practice. **NT**

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**References**