Abstract: P797

Music therapy in patients with hypertension and early post-infarction angina; 15-year experience

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The purpose of this study was to evaluate the effectiveness of music therapy for reduction of anxiety and pain in patients with hypertension (HT) and early post-infarction angina (EPA). Most studies have shown that EPA implies an unfavorable long-term prognosis among patients with acute myocardial infarction (AMI). Unrelieved anxiety can produce an increase in sympathetic nervous system activity leading to an increase in cardiac workload.

Material and methods: From February 2002, the effectiveness of music in reducing anxiety and pain during EPA attacks was tested using a two-group pretest–posttest experimental design with 310 patients with HT and EPA. Patients were randomly assigned to receive 30 min of sedative music (N=155) or treatment as usual (N=155). Anxiety, pain sensation, and pain distress were measured with visual analogue scales at start of chest pain episodes and 30 min later.

Results: Repeated measures MANOVA indicated significant group differences in anxiety, pain sensation, and pain distress from pretest to posttest (p=0.0116). Post hoc dependent t-tests and univariate repeated measures ANOVA (p=0.0148) indicated that in the sedative music, anxiety, pain sensation, and pain distress all decreased significantly (p=0.0108), while in the treatment as usual group, no significant differences occurred. Independent t-tests indicated significantly less posttest anxiety, pain sensation, and pain distress in the sedative music group than in treatment as usual groups (p=0.0242).

Conclusion: Sedative music was more effective than treatment as usual in decreasing anxiety and pain in patients with HT and EPA. Patients with HT should have beneficial of using sedative music as an adjuvant to medication during EPA episodes.