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**Doctor, I have chronic pain, should I listen to music?**

Listening to music can help to reduce pain, depression, anxiety, and pain-related disability. IT doesn’t matter what kind of music you listen to or what kind of pain you have. IT might work better if you pick the music yourself rather than someone else picking for you.

**What’s the evidence?**

Understanding the problem

There have been some studies suggesting that music can be used to help manage chronic pain. Music is not expensive, not invasive, and most people have access to it. The researchers wanted to find out whether music can really be helpful for managing chronic pain.

The research

**What kind of study was this?** This was a systematic review. A systematic review summarises the results of available carefully designed healthcare studies and provides a high level of evidence on the effectiveness of healthcare interventions. Judgments may be made about the evidence and inform recommendations for healthcare.

**Who?** This review included fourteen studies (randomized trials) involving 1178 people who had chronic pain of any kind (both cancer and non-cancer) lasting for more than 3 months.

**What?** The studies compared music with usual care or an active control.

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| **Intervention: Music** | **vs** | **Comparison: No music** |
| Music interventions: Listening to music. Most of the time it was listening to recorded tapes. In two studies it was live music. In one study the music intervention was singing in a choir.  The timing of the music was any time during the day, including when patients felt their pain was higher than usual. |  | Usual care: In most studies (12/14) the intervention was “no music”, so patients received the care they would normally receive, with no music added.  In one study, they compared music to “conversation”, and in another, to “tactile touch”. |

What the researchers found

The reviewersmeasured patients’ pain, depression, and anxiety. They found that:

* Patients who listened to music had lower pain scores/less pain than patients who didn’t listen to music.
* Patients who listened to music also had lower scores for anxiety and depression than patients who didn’t listen to music.
* Patients who chose the music themselves had lower pain scores/less pain than patients who had the music chosen for them.

## Summary of findings:

## Music versus usual care in people who have chronic pain

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| **Outcomes at <follow-up>** | **Standardized mean difference (SMD) and 95% confidence interval** | **What does it mean?** |
| Chronic pain | -0.60 (-0.72, -0.48) | Patients who listened to music had less pain than patients who didn’t listen to music |
| Anxiety | -0.55 (-0.80, -0.30) | Patients who listened to music had less anxiety than patients who didn’t listen to music |
| Depression | -0.82 (-1.08, -0.56) | Patients who listened to music had less depression than patients who didn’t listen to music |

The SMD measures the difference between the music group and the no-music group. A SMD of 0 means there is no difference. A negative SMD means that people did better with music. A positive SMD means that people did better without music. The 95% confidence interval represents the possible range of the true value. If the confidence interval does not include zero, we are sure that the effect did not happen by chance. If it does include zero, then the effect may be due to chance.

**Citation**