Primjena receptivne muzikoterapije kod bolesnika uključenih u ambulantnu kardiovaskularnu rehabilitaciju: početna iskustva

Application of receptive music therapy in patients involved in outpatient cardiovascular rehabilitation: initial experience

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Uvod: Obzirom da su kod 23% bolesnika pri prijemu u program ambulantne kardiovaskularne rehabilitacije (AKVR) registrirani simptomi anksioznosti, a kod 29% simptomi depresivnosti[1], provođenje programa u Poliklinici za prevenciju kardiovaskularnih bolesti i rehabilitaciju u Zagrebu (Poliklinici)[2] nedavno se unaprijedilo radnom terapijom[3], konzilijarnim postupcima psihijatra (pregledi i predavanje)[4] i muzikoterapeuta (predavanje i receptivna muzikoterapija)[5]. Cilj ovog rada je prikazati početna iskustva u primjeni receptivne muzikoterapije kod bolesnika uključenih u program AKVR.

Bolesnici i metode: Provođenje programa AKVR u Poliklinici već je opisano.[2] Za procjenu anksioznosti i depresivnosti na početku i kraju programa AKVR korištena je samoocjenska ljestvica *Hospital Anxiety and Depression Scale* (HAD). Svi bolesnici su uključeni u psihodijagnostiku kliničkog psihologa, a prema indikaciji psihologa i/ili kardiologa učinjen je i pregled psihijatra. Bolesnici koji su imali graničan ili patološki nalaz na HAD-u, nakon primjene dodatnih dijagnostičkih instrumenata, uključeni su u program receptivne muzikoterapije[5].

Rezultati: U razdoblju od 30. 6. 2017. do 25. 10. 2018. godine u Poliklinici je receptivna muzikoterapija primijenjena kod ukupno 17 bolesnika (10 muškaraca i 7 žena), kod kojih je program AKVR bio indiciran kod njih 14 nakon akutnog infarkta miokarda, kod jednog nakon aortokoronarnog premoštenja, a kod dvoje nakon nestabilne angine pektoris. Medijan vremena proteklog od akutnog kardiovaskularnog događaja do početka primjene receptivne muzikoterapije iznosio je 90 dana. Obrada psihologa bila je učinjena kod svih 17, a pregled psihijatra kod 11 bolesnika. Od 190 usluga vezanih uz muzikoterapiju bilo je ukupno 170 muzikoterapijskih seansi. Kod 13 od 17 bolesnika dostignut je željeni prag od 8 ili više muzikoterapijskih seansi. Rezultat samoprocjene HAD-om kod prijema u program AKVR bio je graničan ili patološki u 15, a pri otpustu kod 3 bolesnika. Srednje vrijednosti prilikom samoprocjene na česticama anksioznosti i depresivnosti HAD-om bile su značajno više prilikom početka u odnosu na završetak programa AKVR (anksioznost 10 prema 6; depresivnost 7 prema 4). Rezultati na Skali samoprocjene zdravstvenog stanja kod završetka muzikoterapije niži su u odnosu na početak (11,5 prema 10).

Zaključak: Liječenje postupkom receptivne muzikoterapije kod bolesnika uključenih u program AKVR dodatno doprinosi smanjenju anksioznosti i depresivnosti. Uči-

Introduction: Since symptoms of anxiety have been recorded in 23% of patients upon admission to the outpatient cardiovascular rehabilitation program (OCVR) and depression symptoms have been recorded in 29% of patients[1], the implementation of the program in the Cardiovascular Disease Prevention and Rehabilitation Institute in Zagreb (Institute)[2] has been recently improved by occupational therapy[3], consulting procedures by psychiatrists (examination and lecture)[4] and music therapist (lecture and receptive music therapy)[5]. The aim of this paper is to present initial experience in applying the receptive music therapy in patients involved in the OCVR program.

Patients and Methods: The implementation of the OCVR program in the Polyclinic has already been described.[2] Hospital Anxiety and Depression Scale (HAD) has been used for assessment of anxiety and depression at the beginning and end of the OCVR program. All of the patients are involved in the psychodiagnostics of a clinical psychologist, and according to the indication of a psychologist and/or a cardiologist, a psychiatric examination has also been performed. The patients with borderline or pathological finding for HAD were involved in the program of receptive music therapy after applying additional diagnostic instruments[5].

Results: During the period from 30th June 2017 to 25th October 2018, receptive music therapy was applied in a total of 17 patients (10 men and 7 women), in whom the OCVR program was indicated for 14 of them after acute myocardial infarction, for one of them after coronary artery bypass grafting, and for two of them after unstable angina pectoris. Median time that elapsed from the acute cardiovascular event until the start of applying the receptive music therapy was 90 days. The evaluation by a psychologist was done in all 17, and an examination by a psychiatrist was done in 11 patients. Out of 190 music therapy services, there were altogether 170 music therapy sessions. The desired threshold of 8 or more music therapy sessions was achieved in 13 out of 17 patients. The self-assessment result by applying Hospital Anxiety and Depression Scale upon admission to the OCVR program was borderline or pathological in 15 and in 3 patients upon discharge. The mean values when doing the self-assessment on anxiety and depression particles by applying HAD were significantly higher at the beginning compared to those at the end of the OCVR program (anxiety 10 to 6, depression 7 to 4). The results on the Scale of the self-assessment of health condition at the end of music therapy are lower than those at the beginning (11.5 to 10).

Conclusion: The treatment by receptive music therapy in patients involved in the OCVR program additionally con-

nak ovog postupka potrebno je razmatrati u okviru dobrobiti cjelokupnog programa AKVR i u većoj skupini bolesnika.

tributes to reducing anxiety and depression. The effect of this procedure should be considered as part of the benefit of the entire OCVR program and in a larger group of patients.

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