

Out of Hours

Music:

a better alternative than pain?

INTRODUCTION

Over 7 million people suffer from chronic pain in the UK¹ and GPs will encounter the difficulties of relieving their symptoms on a daily basis. Music, as well as being known to have emotional, mental, and spiritual benefits since Biblical times, has been investigated for its possible analgesic properties. A large number of studies have provided considerable evidence that music can decrease pain levels. Pain relief may occur by the release of endorphins or changes in catecholamine levels or, as patients are distracted by memories away from their pain.^{2,3}

EVIDENCE

A Cochrane review⁴ recognised that there is great diversity in music and pain studies and experimentally-induced pain cannot fully mimic the experience of chronic pain.⁵ Not only do complex psychological and social factors influence a person's pain, but studies are inevitably short term, unlike chronic pain.

A questionnaire was sent to investigate the music listening behaviour and beliefs of 318 sufferers of chronic pain in Glasgow.⁶ The main long-term benefits of music were enjoyment, relaxation, and distraction and those who listened to music more frequently had a higher quality of life, suggesting that music can lessen chronic pain. We asked Merseyside GPs whether they ever recommend that patients with chronic pain listen to music to lessen their pain, and found that 12 of 67 (18%) do so, generally as part of wider attempts to distract patients from their pain, reduce anxiety, aid sleep, and take control in adversity.

CONTROL OF PAIN

For patients with chronic pain it may be crucial that they believe they will regain a lost sense of control over their pain, since ignorance about what is happening and learned helplessness often exacerbate suffering as anxiety rises.³ Better control may be a key aspect of lessening disability and improved quality of life through independence and ability to cope. Statements such as 'I tell myself to be brave and carry on despite the pain', are particularly strong predictors of the belief that pain is controllable.⁷ Nevertheless 'help with pain' was one of the least important reasons patients with chronic

pain gave for why they listened to music. Relaxation, distraction, relieving tension, anxiety, and boredom were much more important to them, along with engendering thankfulness, lessening loneliness, and prompting pleasant memories.

DISCUSSION

Music is one of a number of non-pharmacological methods of relieving chronic pain, along with exercise and cognitive behavioural therapy, that have been found to be effective in randomised controlled trials.⁸ It can be controlled by the listener and can capture attention strongly, shifting it away from unpleasant sensations.

Perhaps a belief that music can control pain levels may be influential enough alone to have a pain-relieving effect, rather than the actual choice of the music? Rather counter-intuitively the Cochrane review suggested that music selected by others is better at reducing pain intensity levels compared to the person's preferred music.

The *BJGP* has not reported on music as a therapeutic intervention, which is surprising since GPs must be aware of the importance of music for many patients. Music has a universal appeal across cultures, can elicit a great range of emotions and is now often accessible through MP3 players. It can also be self-administered to lessen pain whenever someone chooses. Patients with chronic pain often have a low quality of life and music could help them to regain their sense of independence and, thus, improve their lives.

The Cochrane review only included one high-quality community-based study.⁹ Over one-quarter of older people have chronic pain⁸ and are at risk of serious side effects from analgesics which cause many preventable hospital admissions. We need to understand more about how to use music to relieve pain and lessen drug use, especially using general practice-based studies.

Information about the effectiveness of music from randomised controlled trials will only ever partially answer questions about whether individual patients should try it. Meanwhile the safety, freedom from side effects, and acceptability of music leads us to conclude that we should be encouraging patients to listen to music to try to alleviate their pain.

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DOI: 10.3399/bjgp13X673748

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