randomised trial of music therapy for improving quality of life in palliative care patients.

Conclusion(s) By undertaking the pilot and feasibility trial under normal clinical conditions in a hospice setting, the trial will result in reliable procedures to overcome some of the difficulties in designing music therapy RCTs for palliative care settings.

REFERENCES

- Demmer C. A survey of complementary therapy services provided by hospices. J Palliat Med 2004;7(4):510–516
- 2 McConnell T, Scott D, Porter S. Music therapy for end-of-life care: an updated systematic review. *Palliat Med* 2016. doi:10.1177/0269216316635387. Accessed March 4, 2016

EVALUATION OF THE EFFECTIVENESS OF MUSIC THERAPY IN IMPROVING THE QUALITY OF LIFE OF PALLIATIVE CARE PATIENTS: A RANDOMISED CONTROLLED PILOT AND FEASIBILITY STUDY

¹Tracey McConnell*, ²Lisa Graham-Wisener, ²Joan Regan, ²Miriam McKeown, ³Jenny Kirkwood, ³Naomi Hughes, ⁴Mike Clarke, ²Janet Leitch, ²Kerry Mcgrillen, ¹Sam Porter. ¹School of Nursing and Midwifery, Queen's University Belfast, UK; ²Marie Curie Hospice Belfast, Marie Curie, UK; ³Every Day Harmony Music Therapy, UK; ⁴School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, UK

10.1136/bmjspcare-2016-001204.37

37

Introduction Music therapy is frequently used as a palliative therapy (Demmer, 2004), with the primary aim of improving people's quality of life. To date, primarily because of a paucity of robust research, the evidence for music therapy's effectiveness on patient reported outcomes is positive but weak (McConnell *et al.*, 2016).

Aim(s) This pilot and feasibility study will: test procedures; outcomes and validated tools; estimate recruitment and attrition rates; and calculate the sample size required for a phase III randomised trial to evaluate the effectiveness of music therapy in improving the quality of life of palliative care patients. Method(s) A pilot controlled trial supplemented with qualitative methods with n = 52 patients from an inpatient and day hospice setting. Baseline data collection includes the McGill Quality of Life Questionnaire (MQOL), medical and sociodemographic data. Participants in the intervention arm are offered two 30-45 minute sessions of music therapy per week for 3 consecutive weeks, in addition to care as usual. Participants in the control arm receive care as usual. Follow-up measures administered at 3 and 5-weeks. Qualitative data collection involves focus group/interviews with HCPs and carers. Results The results of the study will ensure a firm methodological grounding for the development of a robust phase III