

➤ Introduction

Parkinson's disease (PD) is a **complex chronic neurological condition** that impacts upon a range of body functions. PD is characterised primarily by progressively worsening symptoms of movement abnormalities (e.g. bradykinesia, rigidity, and resting tremor). People with PD can also experience sleep disturbance, constipation, hyposmia, depression, and anxiety (Sutherland 2009). Furthermore, Parkinson's disease affects speech function due to the disturbances in muscular control of the speech mechanism (Herd 2012). The onset of PD is often unrecognised and it may take some years for people living with PD to be diagnosed (Mellick 2013).

➤ How does **singing** work?

Quality of life

Studies have suggested that group singing can enhance QoL (Stegemöller 2016; Reagon 2016).

Physical Health

Regular singing practice can reduce communication difficulties in people with PD (Evans 2012).

Social Health

Singing with others can promote positive feelings, such as friendship and empathy, which are positively associated with a sense of wellbeing (Ryff 2008).

Psychological Health

Group singing programmes can promote resilience and provide effective coping strategies (von Lob 2010); reduce psychological distress and improve wellbeing (Cliff 2017).

➤ Objectives

To compare the efficacy and effectiveness of singing interventions with non-singing intervention or usual care on QoL, wellbeing, and speech and communication among people with PD. We will assess the QoL and the physical, psychological, and social health and wellbeing of people with PD who receive a singing intervention, compared to non-singing intervention or usual care.

➤ Methods

• Types of studies

Randomised controlled trials of singing interventions versus non-singing interventions (e.g. listening to music), or usual care. Placebo is not possible due to the nature of the intervention. We will include both randomised and quasi-randomised methods of allocation.

• Types of participants

Individuals with medically diagnosed idiopathic PD, receiving concurrent treatments.

• Primary outcomes:

1. Quality of life; 2. Wellbeing assessments

• Secondary outcomes:

1. Speech and communication outcome measures; 2. Respiratory function; 3. Depression and anxiety; 4. Motor function, + Adverse effects

• Singing interventions

Any singing interventions (e.g. group singing, choir, individual singing training) facilitated by professionals with a relevant qualification, with a minimum intervention length of two weeks.

• Comparison

Non-singing intervention (e.g. listening to music), or usual care without singing.

➤ Major Database Searches were undertaken during March – May 2019

➤ Results of Searches (@ May 2019)

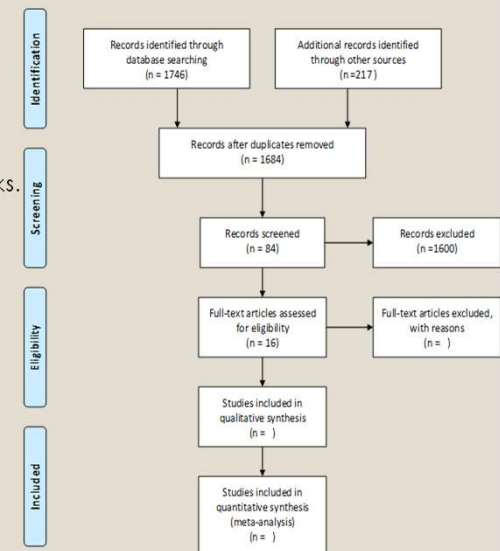
Records identified through database searching (n=1746) + additional records identified through other sources (n=217) → Records after duplicates removed (n=1684) → Records screened (n=84) → Currently, Full-text articles (n=16) are assessed for eligibility.

➤ The review protocol can be found

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013279/epdf/full>



PRISMA 2009 Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed.1000097

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Sensitivity: Internal