

Chapter 8

THE EFFECTS OF RELAXATION EXERCISES WITH MUSIC THERAPY ON SLEEP QUALITY: A RANDOMIZED CLINICAL TRIAL

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INTRODUCTION

Sleeping is a vital process during which physiological, endocrine, and neurological changes occur. The sleep cycle consists of two main phases. The active sleep period is known as rapid eye movement sleep (REM) during which the body is relaxed and rapid eye movements and brain waves are observed. The REM sleep starts when a person first falls asleep. The REM sleep accounts for one fifth of the overall sleeping time, and the REM sleep occurs 4 or 5 times during the sleeping period. Slow eye movements are observed in the non-REM period. The completion of REM and non-REM periods allows one to wake up fresh and energetic and to achieve the highest levels of mental activities such as learning (Buysse, 2014; Carskadon & Dement, 2011).

Good sleep quality is determined by various components such as subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction (Buysse & et al., 1989). Bad sleep quality causes physical and mental problems such as daytime sleepiness, tiredness, irritability, increase in pain sensitivity, negative effects on treatment, decrease in mental functions, anxiety, and depression (Abell & et al., 2016; Banack & et al., 2014; Chang & et al., 2012). Pharmacological treatment is the most common method for improving the poor sleep quality (Mason & et al., 2013; Waters & et al., 2012). Although the drugs used for the treatment of sleep disorders are effective, many negative effects such as skin rash, confusion,

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sleeping and daytime sleepiness. Therefore, increase in sleep latency, habitual sleep quality, use of sleep medication, high daytime dysfunction scores, and poor sub-dimensions of sleep are expected in patients with psychiatric disorders (Waters & et al., 2012).

CONCLUSIONS AND RELEVANCE FOR CLINICAL PRACTICE

Hospitalized patients have poor sleep quality. Progressive relaxation exercises with music therapy had no effect on the sleep quality scores of hospitalized patients. The sleep quality of patients in psychiatric departments was poorer than that of the patients in the oncology and internal medicine departments. Patients in the internal medicine departments showed an increase in sleep quality after treatment. The results of our study are relevant to clinical practice from two aspects. Firstly, evidence-based studies should be performed to determine the efficacy of non-pharmacological interventions such as music and exercise along with the treatment using prescribed medications. Secondly, further evidence-based studies using different scales, duration, and music and exercise types should be performed to improve the sleep quality of patients.

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