**Author(s):** KEB/KAB/JP/AT  
**Date:** 2015-03-09  
**Question:** Should music distraction vs no treatment be used for reducing vaccine injection pain in adults?^{1,2}

**Settings:** hospital, clinics  
**Bibliography:** Jacobson 1999, Jacobson 2006 (1,4)

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>No of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
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<tbody>
<tr>
<td>No of studies</td>
<td>Design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
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<td>2</td>
<td>randomised trials</td>
<td>serious(^{2})</td>
<td>no serious inconsistency</td>
<td>serious(^{3})</td>
</tr>
</tbody>
</table>

**Pain** (measured with: validated tool (Visual Analog Scale 0-100, Numerical Rating Scale 0-10); Better indicated by lower values)

| Fear\(^{3,4}\) (measured with: validated tool (Visual Analog Scale 0-100, Numerical Rating Scale 0-10); Better indicated by lower values)
| Distress, Procedure Outcomes, Use of intervention, Vaccine Compliance, Memory, Preference, Satisfaction (assessed with: no data were identified for these important outcomes)

| No evidence available | - | - | - | - | IMPORTANT |

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1. In included studies (Jacobson 1999, 2006), participants selected their own music distraction.  
3. Additional data and study details provided by author (Jacobson 2006).  
4. In Jacobsen 2006, analysis (1) includes males and analysis (4) includes females.  
5. Operator not blinded, participants not blinded; outcome assessor not blinded.  
6. Context is venipuncture/venous cannulation.  
7. Confidence intervals cross the line of nonsignificance and the sample size was below the recommended optimum information size (OIS) of 400 for an effect size of 0.2.