Beyond the suicide hotline
When you or a fellow veterinary professional is in trouble, there are options other than an anonymous 800 number.

By Hilal Dogan, BVSc, CCTP

When a colleague admits they’re entertaining thoughts of suicide, what do you say? Who do you encourage them to reach out to? Is directing them to the National Suicide Prevention Lifeline enough? What if the person hurting is you? Do you really want to call an 800 number, stay on hold and then spill your guts to a total stranger?

Don’t get me wrong—I’m glad 800-273-TALK exists. However, I’ve heard countless times that people can be on hold for a long time. One Fetch dvm360 conference attendee told me her daughter was on hold for 45 minutes before she hung up. That’s insane. It may make you feel like your situation doesn’t matter to anyone else, which could have disastrous consequences.

I personally think the hold button should never be pressed on a suicide hotline or a delay taken with someone who may be suicidal. The risks are too high, and you may only get one chance. Luckily the daughter of the Fetch attendee I talked to did not become another statistic—she was able to get help.

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Chronic pain: Pharmacologic options for silently suffering patients
Understanding the medications used to manage persistent pain will improve your ability to provide veterinary care.

By Tasha McNerney, BS, CVT, CVPP, VTS (anesthesia and analgesia)

Pain management has become an important specialty area in veterinary medicine, just as it has in human medicine. There are as many different types of pain as there are ways to treat it.

Chronic pain has traditionally been defined by its duration (pain that persists for weeks to months). Untreated chronic pain can lead to a variety of syndromes. In veterinary medicine, common causes of chronic pain include osteoarthritis (OA), cancer pain and neuropathic pain.

Every animal experiences pain in a unique way. Some common indicators in dogs and cats include decreased social interaction, reluctance to move, loss of appetite, aggression and biting, but the lack of an overtly pain-related behavior does not necessarily mean an animal is not in pain. One major sign of pain in cats is a reluctance to jump onto high surfaces such as windowsills or countertops.

The most important aspect of chronic pain management is to employ a multimodal protocol. Multimodal therapy

See page 12>
IMPORTANT SAFETY INFORMATION: METACAM (meloxicam oral suspension) and PREVICOX (firocoxib) are for use in dogs only. METACAM (meloxicam) Solution for Injection is approved for use in dogs or cats. Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. As a class, cyclooxygenase inhibitory NSAIDs like METACAM and PREVICOX may be associated with gastrointestinal, kidney, or liver side effects. Dogs should be evaluated for pre-existing conditions and currently prescribed medications prior to treatment with METACAM or PREVICOX, then monitored regularly while on therapy. Concurrent use with another NSAID, corticosteroid, or nephrotoxic medication should be avoided or monitored closely.

For more information on products mentioned in this ad, please see full prescribing information on page 4-5.
Vet Confessions:
Don’t struggle alone—find someone to lean on

September is National Suicide Prevention Month, and the veterinary profession has its challenges in this area. But these contributors to the Vet Confessions Project find reason to hope.

The Veterinary Confessions Project isn’t just a great way for veterinary professionals to share their worries in an anonymous forum. It’s also a way to see that other people are going through the same struggles as you are. One of the reasons we put the display up at Fetch dvm360 conference is for that reason—we want to help drive the point home that you’re not the only one struggling. And having a tribe to support you can make that struggle a little less painful.

See if you can find some comfort or want to go hug a friend after seeing these. And don’t forget, you can share your own anonymous confession at dvm360.com/vetconfessions.
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**Brief Summary**

NADA 144-212, Approved by FDA

**Metacam**

Ophthalmic solution for injection

Non-steroidal anti-inflammatory drug for use in dogs and cats only

Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

**Warning:** Repeated use of meloxicam in a cat has been associated with acute renal failure and death. Do not administer additional injectable or oral meloxicam to cats. See Contraindications, Warnings, and Precautions for detailed information.

**Description:** Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) of the oxicam class. Each mL of Metacam Oral Suspension contains meloxicam equivalent to 0.5 or 1.5 mg/mL and sodium bicarbonate 1.2% w/v. This chemical name is 5-(4-methyl-2-methylthiazol-5-yl)-2-methyl-1H-indole-3-carboxylic acid, 1-dioxide. The formulation is an aqueous viscous suspension of the enterosoluble drug.

**Indications:** Metacam Oral Suspension is indicated for the control of pain and inflammation associated with enterosoluble drugs.

**Contraindications:** Drugs with known hypersensitivity to meloxicam should not receive Metacam Oral Suspension. Do not use Metacam Oral Suspension in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.

**Warnings:** Not for use in horses. Keep this and all other medications out of reach of children. Consult a veterinarian for the accidental ingestion by humans. For use in dogs only.

As with all NSAIDs, all dogs should undergo a thorough history and physical examination before the institution of NSAID therapy. Appropriate laboratory testing to establish hematology and serum biochemical baseline data is recommended prior to and periodically during administration. Owners should be advised to observe their dog for signs of potential drug toxicity and be given a short sheet information about Metacam.

**Precautions:** The safe use of Metacam Oral Suspension in dogs younger than 6 months of age, dogs used for breeding, in pregnant or lactating dogs has not been evaluated. Meloxicam is not recommended for use in pregnant, lactating, or breeding dogs.

As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be cautiously approached. NSAIDs may inhibit the prostaglandins that maintain normal hemostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients undergoing or post-operative patients that have meloxicam previously administered. Since NSAIDs possess the potential to reduce gastrointestinal ulcerations and/or purpura fulminans in patients with existing disorders such as NSAID or corticosteroid sensitivities, NSAIDs should be used with caution. If additional pain medications are needed after administration of the total daily dose of METACAM, a non-steroidal anti-inflammatory drug of another class may be considered.

The use of another NSAID is not recommended. Consider appropriate washout times when switching from one NSAID to another. The use of another NSAID in dogs that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Concomitant administration of potentially nephrotoxic drugs should be cautiously approached. NSAIDs may inhibit the prostaglandins that maintain normal hemostatic function. Since NSAIDs possess the potential to reduce gastrointestinal ulcerations and/or purpura fulminans in patients with existing disorders such as NSAID or corticosteroid sensitivities, NSAIDs should be used with caution. If additional pain medications are needed after administration of the total daily dose of METACAM, a non-steroidal anti-inflammatory drug of another class may be considered.

**Contraindications:** Do not use Metacam in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.

**Warnings:** Not for use in humans. Keep this and all other medications out of reach of children. Consult a veterinarian for the accidental ingestion by humans. For use in dogs only.

**Indications:** Metacam Oral Suspension is indicated for the control of pain and inflammation associated with enterosoluble drugs.

**Contraindications:** Drugs with known hypersensitivity to meloxicam should not receive Metacam Oral Suspension. Acute renal failure and death have been associated with the use of meloxicam in cats.

**Warnings:** Not for use in horses. Keep this and all other medications out of reach of children. Consult a veterinarian for the accidental ingestion by humans. For use in dogs only.

**Indications:** Metacam Oral Suspension is indicated for the control of pain and inflammation associated with enterosoluble drugs.

**Contraindications:** Drugs with known hypersensitivity to meloxicam should not receive Metacam Oral Suspension. Do not use Metacam Oral Suspension in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.

**Warnings:** Not for use in horses. Keep this and all other medications out of reach of children. Consult a veterinarian for the accidental ingestion by humans. For use in dogs only.
Chewable Tablets

Brief Summary: Before using PREVICOX, please consult the product insert, a summary of which follows:

Clinical Features: This drug is restricted to use by or on the order of a licensed veterinarian. The use of this drug is associated with adverse reactions that have been reported in clinical studies and post-marketing surveillance.

Indications: PREVICOX Chewable Tablets are indicated for the control of pain and inflammation associated with soft-tissue and for the control of postoperative pain and inflammation associated with surgical procedures in dogs.

Contraindications: Dogs with known hypersensitivity to the active ingredient or any of the ingredients should not receive PREVICOX.

Warnings: Refer to the insert for use in feline patients. Keep this and all medications out of the reach of children. Consult a physician if you have any side effects.

Use in Dogs: The use of NSIDs in dogs is associated with adverse reactions that have been reported in clinical studies and post-marketing surveillance.

Adverse Reactions:

Gastrointestinal:

- Lethargy
- Decreased appetite or anorexia
- Diarrhea
- Vomiting
- Abdominal pain
- Bloating
- Soft feces
- Diarrhea
- Anorexia
- Decreased weight
- Ketonuria
- Increased liver enzymes
- Periportal hepatic fatty change

Hepatic:

- Liver failure
- Panzonal hepatic fatty change
- Duodenal ulceration
- Pancreatic edema

Neurologic:

- Seizures
- Paresis
- Head tilt
- Nystagmus
- Mydriasis
- Aggression
- Uveitis

Hematologic:

- Anemia
- Thrombocytopenia
- Leukopenia

Miscellaneous:

- Hypersensitivity reactions

Post-Approval Experience (Rev. 2020)

The following adverse reactions are based on post-approval adverse event reports, and have been voluntarily reported by users and collected in the U.S. PREVICOX Safety Database. Placement of these events in the appropriate adverse reaction category does not necessarily infer causality or severity. It is notable that these events were reported in a variety of dogs, and the relationship to PREVICOX is unknown.

- Lethargy
- Decreased appetite or anorexia
- Diarrhea
- Vomiting
- Abdominal pain
- Bloating
- Soft feces
- Diarrhea
- Anorexia
- Decreased weight
- Ketonuria
- Increased liver enzymes
- Periportal hepatic fatty change

- Liver failure
- Panzonal hepatic fatty change
- Duodenal ulceration
- Pancreatic edema

- Seizures
- Paresis
- Head tilt
- Nystagmus
- Mydriasis
- Aggression
- Uveitis

- Anemia
- Thrombocytopenia
- Leukopenia

- Hypersensitivity reactions

These events were reported in a variety of dogs, and the relationship to PREVICOX is unknown.

Other Drugs with Similar Meta-Effects

Pharmacological class: Nonsteroidal anti-inflammatory drugs (NSIDs), also referred to as cyclooxygenase-2 (COX-2) inhibitors.

Mechanism of action:

- Inhibits the production of pro-inflammatory prostaglandins via inhibition of the cyclooxygenase enzymes.
- Reduces edema, pain, fever, and inflammation associated with chronic and acute inflammatory states.

Pharmacokinetics:

- Absorption: Oral administration results in the rapid absorption of PREVICOX with peak concentrations achieved within 2-4 hours after administration.

- Distribution: PREVICOX is distributed widely to all tissues and body fluids including the central nervous system.

- Metabolism and Elimination: PREVICOX is metabolized in the liver by cytochrome P450 enzymes and excreted primarily via the kidneys.

- Half-life: The half-life of PREVICOX is approximately 18 hours in dogs.

- Protein Binding: PREVICOX is highly protein-bound in dogs, with a binding capacity of 99%.

- Excretion: The major route of excretion is via the kidney, with less than 1% of the dose excreted unchanged in the urine.

- Contraindications:

- Hypersensitivity to NSIDs or any component of PREVICOX
- History of gastrointestinal ulceration or hemorrhage
- History of gastrointestinal perforation or fistula
- Concurrent use of other drugs associated with gastrointestinal adverse events
- Concurrent use of NSAIDs
- History of blood dyscrasias or other hematological adverse reactions
- Concurrent use of anticoagulants
- Perioperative use in patients with clinical conditions that are at greater risk for adverse events such as dehydration, on concomitant diuretic therapy, or those with existing cardiac disease or history of cardiac failure

- Other information:

- Use in Renal Impaired Dogs: In dogs with mild or moderate renal disease, it may be appropriate to administer a lower dose than recommended. In dogs with severe renal impairment, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

- Use in Hepatically Impaired Dogs: In dogs with mild or moderate hepatic disease, it may be appropriate to administer a lower dose than recommended. In dogs with severe hepatic impairment, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

- Use in Geriatric Dogs: In dogs over 8 years of age, it may be appropriate to administer a lower dose than recommended. In dogs over 12 years of age, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

- Use in Dogs with Pre-existing Gastrointestinal Ulcers: In dogs with a history of gastrointestinal ulceration or hemorrhage, it is recommended to administer a lower dose than recommended. In dogs with severe gastrointestinal ulceration or hemorrhage, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

- Use in Dogs with Pre-existing Hematological Adverse Reactions: In dogs with a history of blood dyscrasias or other hematological adverse reactions, it is recommended to administer a lower dose than recommended. In dogs with severe hematological adverse reactions, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

- Use in Dogs with Pre-existing Neurologic Adverse Reactions: In dogs with a history of seizures or other neurologic adverse reactions, it is recommended to administer a lower dose than recommended. In dogs with severe neurologic adverse reactions, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

- Use in Dogs with Pre-existing Hepatic Adverse Reactions: In dogs with a history of liver failure or other hepatic adverse reactions, it is recommended to administer a lower dose than recommended. In dogs with severe hepatic adverse reactions, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

- Use in Dogs with Pre-existing Cardiovascular Adverse Reactions: In dogs with a history of cardiac disease or other cardiovascular adverse reactions, it is recommended to administer a lower dose than recommended. In dogs with severe cardiovascular adverse reactions, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

- Use in Dogs with Pre-existing Renal Adverse Reactions: In dogs with a history of renal disease or other renal adverse reactions, it is recommended to administer a lower dose than recommended. In dogs with severe renal adverse reactions, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

Other Information:

- Use in Dogs with Pre-existing Renal Adverse Reactions: In dogs with a history of renal disease or other renal adverse reactions, it is recommended to administer a lower dose than recommended. In dogs with severe renal adverse reactions, it is recommended to administer a dose of 2.27 mg/lb (5.0 mg/kg) orally once daily for 30 days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

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The Humane Society of the United States (HSUS) recently published a list of one hundred problem puppy mills and dog sellers. Dubbed ‘The Horrible Hundred’, this report is published annually to warn consumers about common problems associated with puppy mills and to urge government oversight agencies, such as the United States Department of Agriculture (USDA) and some local departments of agriculture, to live up to their enforcement obligations. The USDA is responsible for inspecting dog breeding kennels in every state if they have five or more breeding females and sell sight-unseen, such as through pet stores or online.

The report shows that some of the dealers listed in the 2018 version appear to have closed their doors, while others have been penalized by the state but appear to still be operating. “A few of the dealers listed have been shut down by local authorities or were urged to close voluntarily, due to ongoing and uncorrected violations,” says Kitty Block, president and CEO of the HSUS, in an interview with dvm360. “A few others have cleaned up their facilities to acceptable levels due to the increased scrutiny.”

Violations include dogs found shivering in the cold, dogs with only frozen water buckets available or no water at all, dogs with untreated wounds, sick puppies that had not been treated by a veterinarian and underweight dogs with their ribs and spines showing. Twenty-seven of the dealers in the 2019 report are repeat offenders.

“Private practice veterinary professionals often see the devastating impact of sick puppies brought home by unsuspecting consumers,” Block says in the interview. “Many did not know their puppy came from a puppy mill, but they quickly learned the truth when faced with middle-of-the-night emergency veterinary visits and hundreds or even thousands of dollars in veterinary bills. It can put veterinarians in the position of having to explain to an owner that the dog they purchased isn’t as healthy as they were told, or, worse, that the dog isn’t able to be saved. In a field already fraught with compassion fatigue, circumstances like this only exacerbate the situation.”

Missouri has the largest number of puppy mills in the Horrible Hundred for the seventh year in a row, followed by Iowa, Pennsylvania and Ohio. It’s important to note, however, that HSUS researchers are unable to get local inspection records from states that don’t have kennel inspection laws, so states that have solid kennel inspection programs often have more dealers in the report. States such as Arkansas, Florida, North Carolina and Tennessee don’t inspect dog breeding kennels at all and therefore have few to no dealers in the report simply because documentation is scant.

Recently, there appears to have been a steep decline in mill enforcement by the USDA. The Washington Post reported in February that USDA inspectors documented 60 percent fewer violations at licensed facilities in 2018 than in 2017. It was also reported last October that the USDA issued only 39 written warnings in the first three quarters of 2018, and it settled only one complaint against a puppy mill operator. In 2017, the agency issued 192 warnings and filed complaints against 23 licensees.

Also of concern to the HSUS is the USDA rule that could prevent veterinarians and veterinarians alike, from pet stores or online, or from any breeder who won’t meet you in person and show you the conditions in which a puppy was raised.

Kristy Stevenson is an independent contributing writer and editor based in Wake Forest, North Carolina. Her award-winning work has appeared in Military Officer and Geek, in addition to other publications.
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Spaying or neutering dogs increases risk of obesity, injury

Results from the Golden Retriever Lifetime Study by the Morris Animal Foundation focus on golden retrievers, but report posits data could apply to other large breeds.

A new report based on the Morris Animal Foundation Golden Retriever Lifetime Study (GRLS) found that spaying or neutering large-breed dogs can put them at higher risk for obesity, and if done while the dog is young, also increases their risk of nontraumatic orthopedic injury, according to a release from the foundation. The study was published in July by PLOS ONE.

“For years, we’ve been taught that spaying or neutering your dog is part of being a responsible pet owner, but there really are advantages and disadvantages to consider when making that decision,” says Missy Simpson, DVM, PhD, Morris Animal Foundation epidemiologist and lead author on the report. “Our study results give dog owners and veterinarians new information to consider when deciding on when to spay or neuter their dog.”

It’s estimated that one-third to one-half of the general population of large-breed dogs are either overweight or obese, the release states. About 2% of the same population suffers nontraumatic orthopedic injuries, such as cruciate ligament rupture.

Dr. Simpson studied the health data from the entire GRLS cohort of more than 3,000 dogs, which was collected over the course of six years. Of those dogs, about one-half had been spayed or neutered.

The data show that spayed or neutered dogs were 50% to 100% more likely to become overweight or obese, and the risk of weight gain was relatively constant regardless of age at the time of spaying or neutering. Age at time of surgery does appear to play a significant role in nontraumatic orthopedic injuries, however, the release notes. Dr. Simpson found that dogs that underwent spay or neuter before 6 months of age had a 300% higher risk of sustaining those injuries.

Though the study and journal article focus on golden retrievers, Dr. Simpson notes that the results can likely be applied to other breeds, particularly large- and giant-breed dogs.

Banfield report: Obesity, osteoarthritis on the rise

The ninth annual Banfield State of Pet Health Report focused on two intertwined problems: obesity and joint disease.

According to the State of Pet Health 2019 Report, recently released by Banfield Pet Hospital, dogs and cats are more likely to be affected by osteoarthritis (OA) today than they were 10 years ago. According to a Banfield release, the hospital group has seen a 66% increase of OA in dogs and a 150% increase in cats over the past decade.

What’s more, the connection between OA and overweight is undeniable: 52% of the dogs and 41% of the cats with OA cared for in 2018 at Banfield practices were obese. The report makes the point that OA and overweight are part of a vicious cycle that worsens the joint disease: The pet experiences arthritic changes, which lead to reduced mobility, potential weight gain and, ultimately, progressive arthritic changes.

Compiled from data culled from more than 2.5 million dogs and 500,000 cats seen at Banfield Pet Hospitals each year, the annual State of Pet Health Report explores a specific clinical area in depth to provide trends along with prevention and treatment advice for pet owners.

“All of us at Banfield understand that diagnosing and treating a complicated and sometimes overlooked disease like osteoarthritis is a joint effort—and that pets can benefit from better management of both pain and excess weight,” says Molly McAllister, DVM, MPH, Banfield’s chief medical officer, in the release. The goal with this year’s report, she said, “is to arm pet owners with the tools they need to spot signs of OA and empower them to have meaningful conversations with their veterinarians to give their pets the best lives possible.”

Related findings from the report include:

- 6.1% of dogs and 1.1% of cats are affected by OA.
- About 20% of dogs and 4% of cats with OA were aged 10 years or older.
- Overweight or obese dogs are 2.3 times more likely than average-weight dogs to be diagnosed with OA.
- Dogs with OA are 1.7 times more likely to be overweight or obese than dogs without OA.
- Cats with OA are 1.2 times more likely to be overweight or obese than cats without OA.
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Richard Albright, CEO & Founder
involves the combined use of analgesic drugs and physical therapies to target several different points along the pain pathway, enabling more effective pain control with fewer side effects. This article discusses currently available pain medications used in veterinary medicine.

**Nonsteroidal anti-inflammatory drugs (NSAIDs)** remain the mainstay of analgesic therapy for chronically painful patients, reducing inflammation, pain and fever. The principal mode of action of NSAIDs is to block prostaglandin production by binding and inhibiting cyclooxygenase (COX) enzymes throughout the body. However, only COX-1 produces prostaglandins that support platelets and protect the stomach. Because these prostaglandins also are reduced, NSAIDs can cause stomach and intestinal ulcers and promote bleeding.

**Grapiprant (Galliprant)** is a first-in-class prostaglandin receptor antagonist, a non–COX-inhibiting NSAID. It specifically targets the EP4 receptor, which is the primary mediator of canine OA pain and inflammation.

**Opioids** are useful in a variety of chronically painful conditions, although they may have limited effectiveness in managing some forms of neuropathic pain. Opioids are available in oral and transdermal versions. With the current opioid shortage in veterinary medicine, however, it may be advantageous to pursue other methods of analgesia.

**N-methyl-D-aspartate (NMDA) receptor antagonists** are often used as adjuncts (i.e. in combination with other analgesics) to improve pain control. Intense and/or chronic painful stimuli result in changes in the central nervous system’s response to input, leading to an increase in pain intensity. NMDA receptor antagonist drugs help to control and treat this “amplification.” Amantadine is the most commonly used oral NMDA receptor antagonist. It was originally developed as an antiviral compound and has also been used to treat Parkinson’s disease in humans.

**Gabapentin** has been used to manage many forms of chronic pain, although its best application may be for neuropathic pain. Gabapentin is an anticonvulsant medication with significant adjunctive anti-hyperalgesic action. It’s commonly used in conjunction with opioids for pain relief in post-amputation patients. Regardless of whether gabapentin is being used for neuropathic or chronic pain, it should not be discontinued abruptly. To avoid a rebound pain effect, the dose must be stepped down.

Gabapentin may also be used as a sedative to help prevent stress. Pre-hospital oral administration of gabapentin in cats may make providing care easier.

**Tricyclic antidepressants** have been used in humans and animals as adjuncts to other analgesics (especially opioids) for chronic pain. They act to inhibit serotonin and norepinephrine reuptake, although they may have other analgesic effects as well, including possible actions at opioid receptors and on nerve transmission.

Tasha McNerney is an anesthesia nurse at CARES (Center for Animal Referral and Emergency Services) in Langhorne, Pennsylvania, and is the founder of the Anesthesia Nerds Facebook group.
Suicide hotline
> Continued from the cover

**Help yourself**

Laurie Fonken, PhD, a psychotherapist and director of counseling for the College of Veterinary Medicine and Biomedical Sciences at Colorado State, says she encourages people in crisis to go directly to a mental health crisis center. These centers are open 24/7, and Dr. Fonken often accompanies the person to the facility and waits while they check in. If you want to be ready for this situation, do some research on facilities in your area and keep their numbers and addresses in your phone. Start your research with a call to the Treatment Referral Helpline at 877-776-4727.

The internet is another great option. All sorts of social media support groups have popped up lately, such as Not One More Vet (nomv.org). Joining this kind of group and reading about what other people are dealing with may help you find your own solution, or at least realize you’re not alone. Facebook and Instagram groups for your specific role—practice manager, owner, relief veterinarian, house-call veterinarian, emergency technician, veterinary receptionist and so on—can also be a source of support. Joining as many groups as possible can help you build a community of support online.

In the veterinary profession, I often get the sense that help for those who are struggling needs to come from within the profession itself. People need to be able to say to each other, “I went through that, too, and it was really awful, but it gets better,” or “I have a similar story, and it scared me for life, but I’m in a better place now.” While I don’t fully believe that someone outside the profession can’t possibly understand, I do realize that some challenges are unique to veterinary medicine—euthanasia and everything surrounding that subject is one example. In the end, what helps people feel like they want to stick around? It’s the feeling of being heard, understood and supported.

**Help others**

Even if you yourself aren’t having thoughts of suicide, how can you help your colleagues? I recently posted on the Veterinary Confessionals Instagram page about a program called Q-P-R, or Question-Persuade-Refer, which is a technique anyone can use if faced with someone they think might be suicidal. Dr. Fonken has taken the Q-P-R modules herself, and she encourages students and faculty to try them as well.

“It gives you the language to use so you can get comforting saying things like, ‘Are you thinking of harming yourself?’” Dr. Fonken says. “Veterinary professionals aren’t trained to handle situations such as this,” she says. But they might be the first to notice what’s happening.”

Dr. Fonken also says training can make supporters feel more confident. Not knowing what to do or say in a crisis can provoke anxiety, and someone may avoid a conversation simply because they don’t know how to cope. Questions such as, “Would you be willing to work with me?” or “Can I get you some help?” can open the conversation, Dr. Fonken says. Knowing how to refer someone to a compassionate professional can be vital in saving a life. You don’t have to treat the person—someone else is qualified to do that. But guiding them to a safe place can be key.

Recently, after I posted the Q-P-R information, someone commented that a suicidal person may hesitate to speak up because they don’t want to be “taken away in a straitjacket.” In that moment I realized how much stigma around mental illness and suicide still exists today, even though we’re talking about it more openly. In the past, people who confessed to suicidal ideation or who attempted suicide indeed got locked up. And I can imagine that the thought of being institutionalized sounds a lot worse than killing yourself—not to mention the fear of it permanently affecting your career. It’s evident to me that we still have a lot of work to do breaking down this stigma.

Dr. Fonken agrees: “I think there’s a real fear of sharing if you’re struggling, because everyone else looks like they’re doing so well. We tend to compare how we’re feeling on the inside to how others look on the outside. We judge ourselves for this and worry that we may come across as weak if we’re vulnerable and ask for help. It’s important for people to know that they aren’t alone and that they’ll be supported.”

A vital factor in preventing suicide in the veterinary profession is workplace culture, Dr. Fonken says. She urges practice owners and managers to create a culture where people feel safe enough to talk about these things without fear of negative repercussions.

“This example needs to be set by the leaders but carried out by all the staff consistently,” she says. “That way others can see it’s a supportive environment, and you can ask for help and won’t be fired or gossiped about. Because then you’ll have an employee who will get help, then come back and be stronger and better. That sets the example for others that it’s OK to ask for help.”

Anyone can have thoughts of suicide at any moment—it doesn’t mean you are forever broken or that something will always be wrong with you. As a doctor, I truly believe getting to the root cause is the only way we will find a cure, and that starts with us wanting to help ourselves first.

In addition, we as a profession need to smash the stigma around mental health problems. We need to demonstrate that suicidal ideation is normal. It’s a signal from your brain that, hey, something is wrong here—stop and try and figure out what it is.

If you don’t work at a place where you feel safe, or the culture is not supportive of mental health issues, then find someone you trust, even if they’re anonymous, and spew your guts out. You will feel better afterward.
AVMA Life reduces paid maternity leave

As part of short-term disability coverage, cost proved unsustainable, reports veterinary insurance expert. By Kristi Reimer Fender

A VMA Trust leadership has confirmed that the maternity coverage included in the AVMA Life Trust short-term disability policy is dropping from three months to one month, generating pushback from women in the veterinary profession and a discussion of harsh financial realities from the decision-makers at the top.

Under the old policy, short-term disability purchased through AVMA Life would “start paying benefits on or before the date of the delivery, and provide benefits for up to three months.” The new policy states, “Benefits can be paid for up to 1 month for routine pregnancy/delivery (disabilities resulting from complications from pregnancy are covered as any other illness).”

During the AVMA House of Delegates (HOD) meeting held Aug. 2 in Washington, D.C., one member asked the association (HOD) meeting held Aug. 2 in Washington, D.C., one member asked the association to prioritize support for families going forward. “I realize the financial realities behind the decision to reduce maternity coverage,” said Amanda Bisol, VMD, alternate delegate from Maine. “But considering that a large percentage of practicing veterinarians are women, I would like the AVMA to discuss ways to support families.”

Joe Kinnarney, DVM, MS, is president of the AVMA Trusts. In response to Dr. Bisol’s comments, he admitted that communication about the change was not ideal and explained that “cost was not sustainable at the price” for 90-day maternity coverage as previously offered. One of the reasons for this, he said, was that people were purchasing short-term disability coverage, having a baby and then dropping the coverage.

“This is not how the policy was intended to be used,” Dr. Kinnarney said. “If more people had kept their short-term disability policies long-term, it would have worked out. As it is, we will still be offering an extended maternity policy—but it will be more expensive.”

The women’s veterinary website Vet Candy posted a critical piece, stating, “While the U.S. does not have a standard maternity leave length, a study by the Society for Human Resource Management (SHRM) found that 60% of employers give 12 weeks of maternity leave.”

A Reddit thread also weighed in, with one commenter declaring, “The AVMA doesn’t care about you, me, or any other veterinarian out in practice (clinical or otherwise).”

“While the U.S. does not have a standard maternity leave length, a study by the Society for Human Resource Management found that 60% of employers give 12 weeks of maternity leave.”

—Vet Candy, women’s veterinary lifestyle website

Calif. bill would open cannabis conversations

DVMs would be able to discuss products without fear of sanctions. By Gabrielle Roman

A bill introduced in the California legislature could make it easier for veterinarians to talk to clients about cannabis in practice. Introduced by Sen. Cathleen Galgiani, a Democrat from Stockton, SB 627 proposes to allow “a qualified veterinarian, as defined, to discuss the use of medicinal cannabis or medicinal cannabis products on an animal patient” without fear of reprisal.

To allow discussions of medical cannabis, the bill would protect DVMs “from being punished, or denied any right or privilege, for having recommended medicinal cannabis or medicinal cannabis products for an animal patient for medical purposes.”

Veterinarians would potentially be subject to discipline if they do not follow given restrictions, such as:

> There must be an established relationship between the veterinarian, client and patient to make a recommendation.
> The veterinarian must perform an examination and identify a medical indication before making a recommendation.
> A veterinarian cannot recommend medicinal cannabis if he or she has a financial relationship with a person or entity that dispenses medicinal cannabis.
> Veterinarians cannot advertise that they offer recommendations for medical cannabis, and they cannot dispense or administer cannabis or cannabis products to patients.

San Francisco-based marijuana grower Lovingly and Legally is a sponsor of the bill, as are the American College of Veterinary Botanical Medicine and the American Holistic Veterinary Medical Association, which stated, “Thousands of people are currently using cannabis for their pets with questionable advice from the internet or potentially unreliable advice from budtenders.” They need reliable information from veterinarians, says the association.

The Assembly Committee on Business and Professions listed a major concern being the lack of research regarding cannabis and animals. They noted that the Center of Medicinal Cannabis Research in California has done no studies on the efficacy of cannabis in animals. As a result, the committee suggested adding a research requirement—and providing funding for that research—in the bill itself.
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Walk softly and carry a big net: The global fight against rabies

In honor of World Rabies Day Sept. 28, here’s the story of one group trying to end the disease.

By Hannah Wagle

FEW veterinary professionals in the U.S. are haunted by the specter of widespread human rabies deaths in their communities. This is not true the world over.

An estimated 59,000 human deaths occur globally every year, according to the World Health Organization (WHO)—the majority of which occur in Asia and Africa. Of those deaths, 99% result from the bite of a rabid dog. And 40% of them are children.

The mission behind the movement

In light of these findings, WHO has partnered with the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the Global Alliance for Rabies Control to create a strategic plan that provides a phased, all-inclusive, intersectional approach to eliminate human deaths from rabies, according to a recent WHO report.

Called the Zero by 30 campaign, this plan aims to end human deaths from dog-mediated rabies by 2030, the report states. To reach the most underserved populations—those that are most impacted by canine-mediated rabies—the campaign will lead and strengthen elimination efforts, including strengthening both human and veterinary health systems globally.

The biggest hotspot for rabies is India, where thousands of people die of the disease and hundreds of thousands of dogs are inhumanely killed for fear of the disease. Mission Rabies, a branch of Worldwide Veterinary Service (WVS), aims to solve this.

In 2014, a year after it launched, the charity set its sights on Goa, India. The challenge: to make it a rabies-free state.

In that year, according to the Mission Rabies website, volunteers sterilized 20,400 dogs across Goa in just six months. The next year they delivered 94,753 rabies vaccines across the Indian projects. Today they are working in six different countries.

“With volunteers from across the world getting to the heart of rabies-stricken countries and combating this disease with the combination of vaccination, education, technology, research and lots of hard work,” the website states.

Managing and preventing the disease

In the poor, rural communities where rabies is most prevalent, medical care is often lacking.

“Most of these patients are managed, at least initially, in peripheral or even village health centers,” the WHO report states, “where human and material resources for basic wound care and rabies prevention are often extremely limited or absent. There is no effective curative treatment for rabies once clinical signs have appeared. Almost all patients with rabies will die.”

What’s more, many human rabies patients are turned away from hospitals and receive terminal care only from their families, according to the WHO report.

However, there is much health-care providers can do to manage rabies victims’ care, even with limited access to equipment and drugs, the WHO report says. This means adequate hydration, sedation and care in an appropriate medical facility—or at the very least, a calm, draft-free room with physical and emotional support.

For nonhuman rabies cases, of course, humane euthanasia is the only viable option.

On a brighter note, preventing rabies from spreading is the first step to fighting this deadly disease, and it’s much more easily attained. This is where volunteers come in—wielding really, really big nets.

“With volunteers from across the world getting to the heart of rabies-stricken countries and combating this disease with the combination of vaccination, education, technology, research and lots of hard work,” the website states. Otherwise, they are brought to professionals who will diagnose the disease and spay/neuter if necessary.

For education, Mission Rabies relies on community engagement.

“Children are at high risk of dog bites and contracting rabies,” the education page states. “The educational sessions are aimed to empower children, their teachers and their families with the knowledge to protect themselves from bites, preventing rabies and (saving) lives.”

Today, the Mission Rabies education efforts in India have reached more than 15,000 children, along with hundreds of teachers and community leaders. According to the website, global education efforts have reached millions.

Education revolves around five key messages:

Rabies is serious. Knowing how the rabies virus is transmitted and affects the body is vital.

Keep yourself safe. This means understanding canine behavior for safe and friendly interactions—and knowing the warning signs.

First aid. When a dog bite does occur, it’s important to know the lifesaving steps to take.

Community protection. Educating the public on how vaccination works and encouraging community action.

Population management. With the help of WVS, this entails promoting humane dog population control and encouraging pet owners and authorities to spay or neuter dogs.

It seems like hard work, and it is, but the results are worth their weight in gold, according to volunteers and organizations alike.

“Rabies is preventable but the process of containment and eradication continues to be a Herculean, volatile and wholly baffling affair,” says Mission Rabies volunteer Kaz in an online statement. “I highly recommend you get involved.”

Hannah Wagle is a former associate content specialist for dvm360.
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dvm360 and VHMA announce practice manager contest finalists

At Fetch dvm360 in Kansas City, these 10 practice managers were announced as finalists in the dvm360/VHMA Practice Manager of the Year competition. By Brendan Howard

Certified veterinary practice managers, practice-owning managers, and a woman who keeps a humane society’s veterinary team running smoothly are among the finalists for 2019 dvm360/VHMA Practice Manager of the Year. The 10 finalists were announced during Fetch dvm360 in Kansas City on August 23.

These finalists are “enriching the image of the profession,” says Jim Nash, MHA, CVPM, president of the Veterinary Hospital Managers Association (VHMA), the collaborators who help make the contest happen and provide membership perks and educational opportunities to the winner. “They’re helping their practices thrive by demonstrating best practices and outstanding problem-solving skills. These managers are ushering in positive changes and deserve to be applauded for their hard work, persistence and professionalism.”

The association’s executive director, Christine Shupe, CAE, offers congratulations and professionalism. “For their hard work, persistence and shakers in the field of veterinary business.

Kerry Balding
Practice manager and co-owner at Paw Patch Veterinary Hospital in Indianapolis, Indiana

“In between the initial contact and the final sale of the practice, I was able to share with our hospital’s potential buyer what I wanted for the practice: sustainability, pay raises and benefits for staff. I also asked about the possibility for myself and one of our long-term RVTs to buy in to the practice during the sale. I was told they’d done that with associates but never other employees, but it could likely be done.

“The final outcome was that the practice was sold. Our main doctor still owns a percentage, and an associate, an RVT and myself own all a percentage.”

Kathy Bell, CVPM
Practice manager at Annville-Cleona Vet Associates in Annville, Pennsylvania

“To address increasing confidence levels in the staff related to client education, I role-play with them to increase knowledge and help them sound more confident when clients ask questions. In doing so, it’s given the power back to our employees, and they feel more confident in having the tough conversations with clients in all areas.”

Kat Burns, CVPM, CAWA
Interim CEO and director of veterinary services at Humane Society of Boulder Valley in Boulder, Colorado

“I think a good business leader understands when to say ‘yes’ to a wonderful idea and when to say ‘no’ when it’s clear things aren’t going as planned.”

Patti Christie, CVT, CVPM
Practice manager at Minnehaha Animal Hospital and Pet Doctors Animal Clinic in Minneapolis, Minnesota

“Her team didn’t like that she was splitting her time between two hospitals. I’ve since worked to train and empower team leads to step in and take care of many issues. I’ve seen it increase job satisfaction and engagement.”

Kelli Geswein, CVPM
Practice manager at Cheat Lake Animal Hospital in Morgantown, West Virginia

“Oh, all the transition to paper-lite went smoothly and the processes still work very well today. It’s improved our workflow tremendously and saved a few trees in the process.”

Rebecca Kuester, LVT
Practice manager at Creekside Animal Hospital in Macomb, Michigan

“We’re not going to make our clients come in for a written prescription or charge for one to mail into the online pharmacy of their choice. We educate them on the dangers of counterfeit products and how products bought from us are guaranteed.”

Danielle Matise
Practice manager at Garden Oaks Veterinary Clinic in Houston, Texas

Preparing for AAHA accreditation: “I recognized that all of our team members had different interests in the practice, and I invited them to each take ownership for the sections they were passionate about. This allowed us to divide and conquer while also letting team members become experts on their area of the hospital.”

Jessica Molina, PHR, CVPM, CCFP
Hospital administrator at Lee Veterinary in Atmosphere, Alabama

“I developed a Superhero Academy. The staff was brought together to openly share their feelings about the culture and then go around the room and describe the desirable culture ... [These descriptions] played an instrumental role in the development of our clinic’s cultural vision.”

Meg Oliver
Practice manager at Cicero Animal Clinic in Brewerton, New York

When looking to implement wellness plans, “lots of good advice poured in from managers all over the country. I spent hours on the phone with several of them, talking about their successes and failures with wellness plans.”

Tammy Wages
Practice owner and medical manager at Cat Care of Fayette in Fayetteville, Georgia

Wages purchased her practice last year after 12 years working there. “On busy days, when we’re unexpectedly short-staffed, I believe it’s vital to step up and hop right into technician/receptionist mode no matter what position you hold in the clinic.”
Texas veterinarian accused of rape indicted on drug charges

After accusations of using drugs from his practice to assault minors, Todd Glover has been charged with engaging in criminal activity.

A Galveston County grand jury recently indicted Santa Fe, Texas, veterinarian Todd Glover, DVM, on drug charges after he was accused of raping two teenagers at a Louisiana casino earlier this year, according to ABC13 News in Houston, Texas. He has been charged with engaging in organized criminal activity.

In early January, Dr. Glover was charged with rape and three counts of sexual battery after two 17-year-old girls made allegations of rape to police in December 2018, another ABC13 news story indicates. His license was suspended by the Texas Board of Veterinary Medical Examiners as a result of the accusations. Dr. Glover has denied the allegations and plans on appealing the decision, according to the report. He also faces a civil suit stemming from the incident.

"At this time the Animal Hospital of Santa Fe is business as usual," the hospital’s Facebook page reported on its profile, where Dr. Glover is practice owner, after the accusations were made. "Our clients and patients mean a lot to all of the staff, and we don’t plan on going anywhere at this time."

The clinic also said it was imposing an immediate policy change on prescription refills. "The Animal Hospital of Santa Fe is requiring a 24-hour refill policy on all prescription medications in the clinic," reads a note posted in the clinic and online. "This is to reduce the risk of human error, ensure proper documentation [and] ensure proper approval, and this new policy should also help owners to request refills of their pet’s medication prior to pets being out of them."

The charge for organized crime involves false prescriptions for amphetamine drugs, according to the indictment. Victoria Lyn and Justin Tyler Cyr have also been charged.

Many of Dr. Glover’s clients are expressing support for him on social media.

"I’ve read each comment and in each of them, Dr. Glover’s been judged and convicted without a trial," Susan Lichenstein-Evans writes in a comment on the hospital’s Facebook page. "He’s an awesome vet and helped us [through] a very sad time with our Lab, Stone. If he is guilty, it will truly be a very sad loss for many, but can we all give the JUSTICE system time, [through] a trial and jury to make that decision?"

According to court records, Dr. Glover’s bond was set at $200,000. Records show that he posted bond. Dr. Glover is expected to appear in court September 12.

Pet insurance hits $1.42B in premiums

Coverage for cats and dogs in the U.S. and Canada continues to grow, according to the NAPHIA, an industry association.

Pet insurance reached new heights in 2018, according to the North American Pet Health Insurance Association (NAPIA).

By the end of 2018, total premiums reached $1.42 billion in North America, and the number of insured pets in the United States was up 18%, to 2.16 million.

Pet owners continue to choose policies mostly for accident and illness coverage, which makes up 98% of coverage in the United States, but also includes insurance with embedded wellness.

The organization also shared the average accident and illness premiums:

- Dogs: $47/month in the United States, $61/month in Canada
- Cats: $29.50/month in the United States, $33/month in Canada.

NAPHIA is made up of pet insurance organizations in Canada and the United States and has been monitoring trends in its industry since 2013.
A veterinary way with words

Work and life inform veterinary surgeon Nick Trout’s successful side gig: bestselling novelist. By Don Vaughan

“I was brought up on the works of James Herriot, but that’s not modern veterinary medicine, and I wanted the reader to see all that is new and exciting as well as the challenges faced by veterinarians today.”

—Dr. Nick Trout

Many veterinary clients of Nick Trout, MA, Vet MB, DACVS, DECVS, are unaware that he is a successful novelist and nonfiction writer with six bestselling books to his credit. Those who are aware often behave in one of two ways, he says. They either grow nervous and ask, “You’re not going to write about us, are you?” or they start acting peculiar in the hope of becoming a character in Dr. Trout’s next novel.

Quirky clients, slightly altered, do occasionally end up in Dr. Trout’s books, but only peripherally. He’s more interested in telling a strong, compelling story about pets and their owners, and how that bond can change lives.

Nowhere is this more evident than in Dr. Trout’s most recent book, The Wonder of Lost Causes (William Morrow). It tells the story of a single mother—who’s also an animal shelter veterinarian on Cape Cod—and her chronically ill son and the “unadoptable” mutt that comes into their lives and changes everything for the better. The story is personal for the author because the 11-year-old protagonist has cystic fibrosis, as does Dr. Trout’s daughter, Emily.

Inspired by work

Experience from decades of practice as staff surgeon at Angell Animal Medical Center in Boston, Massachusetts, drove Dr. Trout to try his hand at writing in the early 2000s. “Veterinary medicine provides us with endless amounts of fantastic material for a writer,” he said in an interview with dvm360. “There are always elements of mystery, intrigue and drama as well as pathos and humor. It’s all there.”

Dr. Trout’s first book, Tell Me Where It Hurts, was an account of memorable patients and unusual cases. It was rejected many times before finding a publisher and surprised Dr. Trout by becoming a New York Times bestseller. “That success was further inspiration to keep going,” Dr. Trout notes.

After a couple more nonfiction books, Dr. Trout was encouraged by his agent and editor to try fiction.

“Fiction, for me, is much harder, because I have to create the plot as well as characters that will stand up and are believable and have distinct voices and make sense,” Dr. Trout explains. “But the advantage of fiction is that I can cherry-pick certain aspects of a [real-life] story or a case that appealed to me or struck me as strange or interesting, and intersperse that component with other animals and characters.”

A different voice

Dr. Trout tried a different narrative approach with The Wonder of Lost Causes by writing it in the first person from the perspectives of both the mother and son. “People ask me, ‘Why did you write as a woman?’” Dr. Trout says. “I did it because I wanted the challenge and because, for the most part, the caregivers of chronically ill children are their mothers. I wanted to give them a voice, and I am thrilled by the positive feedback I have received from single mothers and mothers of children with chronic illnesses. They love the fact that I get it, because to some extent I’ve lived it.”

As a surgeon attached to a busy practice, one of Dr. Trout’s greatest challenges is finding time to write. He snags creative moments where he can—early in the morning, on the commute to work, on a family trip.

“One of the nice things about not being contracted to a writing deadline is, you can work on a project on your schedule, and it gets done when it gets done,” Dr. Trout says. “It was harder when I was writing and the publisher would say, ‘We need your next book in 18 months,’ and I hadn’t even thought about what it was going to be.”

Dr. Trout works closely with his agent, Jeff Kleinman, during the early stages of each novel. They typically start with a general idea, then go back and forth until they have a solid outline, which Trout divides into chapters. Then he starts writing.

Veterinary medicine today

Though his primary goal is to entertain, Dr. Trout likes to use his fiction to inform readers about what a contemporary veterinarian’s life is really like. “I was brought up on the works of James Herriot,” he says. “That was a wonderfully romantic era in England, but that’s not modern veterinary medicine, and I wanted the reader to see all that is new and exciting as well as the challenges faced by veterinarians today. I’m always trying to raise awareness of the challenges and the changing face of our profession.”

Writing has allowed Dr. Trout to view himself and his work from a different perspective. For example, he says it’s made him much more observant, particularly of the human-animal bond. “I’m looking for touching relationships, challenging relationships;” he notes. “I’m looking at dynamics in the exam room in ways I didn’t before.”

Dr. Trout encourages colleagues with a dream to write to give it a try. “You’ll face a lot of failure,” he says, “but if you stick with it and get it done, there is a contentment and finality that goes with that. It’s very personal sense of accomplishment.”

Donald Vaughan is a freelance writer based in Raleigh, North Carolina.
Nothing should get in the way of a quick, accurate diagnosis. That’s why Zoetis has designed the VETSCAN Flex4 Rapid Test to make your journey fast and easy.

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T hose of you in the know have already adjusted to the fact that today's new veterinarians have different expectations of their jobs than veterinarians did a few decades ago. But some practice owners and managers are having a difficult time figuring out how to accommodate the changing needs of the new generation.

I recently conducted a poll of newly graduated veterinarians, those graduating this year and current third-year students, and the results turned up responses that characterize this group's changing needs. Of those surveyed, 70% were practicing (or planned to practice) companion animal medicine, 25% fell into mixed-animal practice and 5% were planning on equine-only practice.

Respondents were given a list of 15 employment amenities and asked to weigh them individually. Here’s what they say are their top three needs.

My unscientific survey reveals new and future veterinarians' wants and needs. By Kyle Palmer, CVT

No. 1: Mentorship
The appropriately evolved employer has long recognized that mentorship is extremely valuable to new veterinarians and, more importantly, that the word “mentorship” means something very different than it did for practitioners 20 years ago.

Back in the day, mentorship was what most of us would actually call “orientation,” and some doctors think the need for anything more is a sign of weakness. After all, they learned the “hard way”—a few bad outcomes were all they needed to prepare for the career ahead. What’s changed, however, is the state of the human-animal bond. The stakes are high for the new veterinarian to be the “other family doctor” right out of the gate, and it doesn’t happen without a network of support. It’s no longer good enough to go into each day armed only with the 5 Minute Veterinary Consult and an old version of Plumb’s for reference. This need isn’t driven by the new employee—it’s a client expectation.

But what about equine? While companion animal practice seems well-designed for mentorship, with the norm being a team of support staff and practicing alongside one’s peers, equine and mixed practice are far less so. Here, employers must commit to being there for their associates—answering the phone when they call, scheduling weekly doctor meetings to discuss cases and so on. In my 25 years of experience in equine mixed practice, I saw how damaging lack of mentorship was. Many associates hired to share in the equine workload shifted their focus away from that part of practice, and all but one ended up a small-animal-exclusive veterinarian.

No. 2: Great culture
The idea of workplace culture is a moving target: Is it rooted in the mission statement of a practice, helping to direct staff toward priorities in delivering veterinary care on a daily basis, or is it the way the team interacts with each other? Is it simply “professionalism” as traditionally defined, or is it how managers and employees treat each other during their daily routine?

This area is by far the most difficult for an employer to assess, address and evolve. In the survey responses, one young veterinarian wrote, “Quality of workplace interactions and coworker relationships is paramount. It seems more or less clear to me that mine is a ‘work to live’ generation and not the reverse. There is no appeal to working a high paying job if the workplace is not an enjoyable place to be.”

But what about equine? Workplace culture may be more difficult to change for equine employers. There may not be much of a “workplace” at all if you’re strictly ambulatory and the opportunities for large team involvement are few. Fortunately, culture can also include the way you define your relationships with clients, and this is an area where equine practices can focus. Shrink or eliminate the gap between how you practice and treat your clients and how your new associates do.

No. 3: Flexibility
While it may be true that veterinary medicine (and specifically equine practice) used to be defined by long hours, that simply isn’t good enough anymore. Equine practices are the ones most likely to still be providing on-call emergency services, but that doesn’t mean doctors should always work hours later than their companion animal peers. Today, associates—and frankly all employees—want to know they can be home at a reasonably predictable time to enjoy personal lives. It’s not a ridiculous request, and it doesn’t matter anymore that you worked until 8 p.m. every day for years because it was expected of you.

A 2019 DVM candidate wrote that “veterinary medicine is who I am, but I am also a partner, a parent and a friend. I need to have those other areas fulfilled to be an excellent, empathetic veterinarian for my clients.”

Explore a four-day workweek, consider flexible start and finish times if it works better on a specific day, and let your associates schedule around the important events in their lives.

They’ve got big plans
Perhaps most interesting to potential employers is the fact that more than 35% of respondents said that, regardless of their satisfaction with a particular practice, they plan to gain a variety of experiences. Almost the same number said their ideal tenure at a particular practice is one to three years, suggesting that less than two-thirds of hired associates are even open to sticking around. That could make you cynical, but it should really make you think about ways you can prove that your practice is way better than the greener grass on the other side.

What was most surprising to me was that almost 50% of respondents said they wanted to eventually own a practice. I was under the impression that associates no longer had an interest in the time-honored system of partnership, but this could be a bright spot for many employers who are struggling to identify an exit plan.

As employers, most of you are facing a workforce that values things you couldn’t have dreamed of early in your careers. You must be willing to see things through your employees’ eyes.

Long-time dvm360 magazine and Firstline contributor Kyle Palmer, CVT, is hospital manager for VCA Salem in Salem, Oregon, as well as a practice management consultant for a number of other hospitals.
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¹ Data on file.
² Data on file.
³ Data on file.

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Most readers think saving Burpy was the right call

The tale of a veterinary associate who performed surgery when the client couldn’t pay elicits strong opinions.

T
his was a young dog and an old client who always paid her bills eventually. What else could Dr. Seasoned do? Be callous and euthanize a young dog?

I am a practice owner and I let the circumstances dictate what I will or will not risk regarding treatment and extending credit. Of course I have sometimes been burned. But the satisfaction of helping a client and their pet in need is priceless. I will give good clients on limited income a break. One more reason to stay out of the scenario context, where it all seems to be about the money.

—Sophia Kaluzniacki, DVM
Green Valley, Arizona

COMMUNITY | Feedback

I own my small-town mixed practice in Wyoming. I deal with a lot of owners who do not have up-front payment. I took an oath and have strong compassion for the welfare of the animals I help. I tend to treat now to relieve the pain and suffering and worry about the money later. Yes, I do get shafted somewhat regularly, but I couldn’t look at myself in the mirror if I euthanized an otherwise healthy animal for money.

—Dr. W.D. (Buck) Root
Riverbend Veterinary Hospital
Douglas, Wyoming

GALLIPRANT1 (grapiprant tablets)

For oral use in dogs only

25 mg, 60 mg and 100 mg flavored tablets

A prostaglandin E2 (PGE2) EP4 receptor antagonist; a non-cyclooxygenase inhibiting, non-steroidal anti-inflammatory drug

Caution: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Before using GALLIPRANT, please consult the product insert, a summary of which follows:

Indication: GALLIPRANT (grapiprant tablets) is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

Dosage and Administration: Always provide “Information for Dog Owners” Sheet with prescription. Use the lowest effective dose for the shortest duration consistent with individual response.

The dose of GALLIPRANT (grapiprant tablets) is 2 mg/kg (0.9 mg/lb) once daily. Only the 20 mg and 40 mg tablets of GALLIPRANT are scored. The dosage should be calculated in whole tablets. Dogs less than 12 kg (26 lbs) may be administered the 10 mg tablet and should not be broken in half. See product insert for complete dosage and administration information.

Contraindications: GALLIPRANT should not be used in dogs that have a hypersensitivity to grapiprant.

Warnings: Not for use in humans. Keep this and all medications out of reach of children and pets. Consult a physician in cases of accidental ingestion by humans. For use in dogs only.

Store at or below 86° F (30° C)

Storage Conditions:

Use the lowest effective dose for the shortest duration consistent with individual response.

Precautions: The safe use of GALLIPRANT has not been evaluated in dogs younger than 0.5 kg (1 lb) and less than 3.6 kg (8 lbs) dogs used for breeding, or in pregnant or lactating dogs.

Adverse reactions in dogs receiving GALLIPRANT may include vomiting, diarrhea, decreased appetite, nausea, vomiting, anorexia, inappetence, diarrhea, soft stool, weight loss, lethargy, increased heart rate, increased respiratory rate, increased salivation, lacrimation, albuminuria, vomiting, diarrhea, decreased appetite, and superficial pyoderma. Concurrent use with other anti-inflammatory drugs or protein-bound drugs has not been evaluated. The use of GALLIPRANT in dogs with cardiac disease has not been studied.

The following adverse reactions were observed:

Table 1. Adverse reactions reported in the field study.

<table>
<thead>
<tr>
<th>Adverse reaction*</th>
<th>GALLIPRANT (grapiprant tablets)</th>
<th>Vehicle control tablets minus grapiprant</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 144</td>
<td>N = 144</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Diarrhea, soft stool</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Anorexia, inappetence</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Lethargy</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Buccal ulcer</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Immune mediated hemolytic anemia</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

* Dogs may have experienced more than one type or occurrence during the study.

GALLIPRANT was used safely in the field studies with other concomitant therapies, including corticosteroids, parasites and vaccinations.

To report suspected adverse drug events and to obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, call 1-888-934-3973.

For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-VEDA-4775 or online at http://www.fda.gov/animal兽/AnimalSafety/PetSafety

Information for Dog Owners: Owners should be advised of the potential for adverse reactions and the information of the clinical signs associated with drug intolerance. Adverse reactions may include vomiting, diarrhea, decreased appetite, and decreased albumin and total protein. Appetite and weight should be monitored and owners should be advised to consult with their veterinarian if appetite decreases or stools become abnormal.

Effectiveness: Two hundred and fifty-five (255) client-owned dogs were enrolled in the study and evaluated for field safety. GALLIPRANT treated dogs ranging in age from 2 to 17 years and weighing between 4.1 to 90.2 kg (9–200 lbs) with radiographic and clinical signs of osteoarthritis were enrolled in a placebo-controlled, masked field study. Dogs had a 7-day washout from NSAID or other current OA therapy. Two hundred sixty-nine (269) of the 255 dogs were included in the effectiveness evaluation. Dogs were assigned for improvements in pain and function by the owners using the canine Brief Pain Inventory (CPI) scoring system. A statistically significant difference in the proportion of treatment successes in the GALLIPRANT group (63/131 or 48.1%) was observed compared to the vehicle control group (41/131 or 31.5%). GALLIPRANT demonstrated statistically significant differences in owner assessed pain and function. The results of the field study demonstrated that GALLIPRANT, administered at 2 mg/kg (0.9 mg/lb) once daily for 28 days, was effective for the control of pain and inflammation associated with osteoarthritis.

Storage Conditions: Store at or below 86° F (30° C)

How Supplied: 25 mg, 60 mg and 100 mg flavored tablets in 7, 30 and 90 count bottles

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f course Dr. Seasoned did the right thing to think of her patient as an animal with feelings rather than a moneymaking widget. I am certain that most if not all “old school” veterinarians would have done the same thing and have performed similar services multiple times in their practice careers.

The current state of our once great, respected and compassionate profession truly sickens me! The No. 1 focus of the majority of today’s practices is to increase the financial bottom line.

My suggestion to all new graduates is to take a step back in time and reflect on why they originally wanted to become a veterinarian. Most likely it was because they wanted to help animals. If that was their feeling then, they need to question what happened to those feelings now. So many pets today go untreated or are euthanized because owners cannot afford today’s prices.

Practicing the “old school” way has given me great financial rewards, but it has also enabled me to reap benefits far more important and satisfying than any financial compensation.

—John C. Harroff, DVM
Concord, North Carolina

In my opinion Dr. Seasoned was being reckless. She does not own the practice; she does not have the right to decide the dog is going to surgery without the practice being paid. Certainly she should encourage Mrs. Giant to find, beg, borrow or steal the money—use CareCredit; use all resources—but ultimately, if she gets denied, why would I give her credit at our practice? I think this borders on stealing money on Dr. Seasoned’s part.

—Dale Paley, DVM
Spartanburg, North Carolina

Table 1. Adverse reactions reported in the field study.

<table>
<thead>
<tr>
<th>Adverse Reaction*</th>
<th>GALLIPRANT</th>
<th>Placebo-controlled, masked field study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (N = 141)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A negative medical outcome</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>A successful medical outcome</td>
<td>122</td>
<td>116</td>
</tr>
<tr>
<td>Lethargy</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Hemolytic anemia</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Buccal ulcer</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

*GALLIPRANT (grapiprant tablets) is indicated for the control of pain and inflammation associated with osteoarthritis in dogs. Adverse reactions are generally mild to moderate in severity and of short duration. The most common adverse reactions reported during clinical trials included vomiting, diarrhea, and increased salivation. In clinical trials, GALLIPRANT was administered to dogs with osteoarthritis and showed improvements in pain and mobility. No significant differences in owner assessed pain and function were observed in the field study.

—Elanco US Inc.
NADA 141-455, Approved by FDA
20 mg, 60 mg and 100 mg flavored tablets in 7, 30 and 90 count bottles

Important Safety Information

Contraindications:

GALLIPRANT should not be used in dogs that have a hypersensitivity reaction to GALLIPRANT or any of its ingredients. GALLIPRANT is a methylbenzenesulfonamide.

Precautions:

The safe use of GALLIPRANT has not been evaluated in dogs younger than 9 months of age. GALLIPRANT should not be used in dogs with immune mediated hemolytic anemia, immune mediated thrombocytopenia, or immune mediated neutropenia. GALLIPRANT is not recommended for dogs with severe kidney disease (creatinine >1.5 mg/l) or severe liver disease (bilirubin >1.5 mg/l).

Adverse Reactions:

The most common adverse reactions reported during clinical trials included vomiting, diarrhea, and increased salivation. In clinical trials, GALLIPRANT was administered to dogs with osteoarthritis and showed improvements in pain and mobility. No significant differences in owner assessed pain and function were observed in the field study.

Use the lowest effective dose for the shortest duration consistent with clinical improvement. If necessary, increase dose to the next effective half tablet increments. Dogs less than 8 lbs. (3.6 kgs) cannot be accurately dosed.

Concurrent use with other anti-inflammatory drugs has not been studied. Concomitant use of GALLIPRANT with other anti-inflammatory drugs, such as corticosteroids or COX-inhibiting NSAIDs, requires appropriate washout times when switching from one anti-inflammatory to another or when switching from corticosteroids or COX-inhibiting NSAIDs to GALLIPRANT use.

Owners should be advised of the potential for adverse reactions.

Information for Dog Owners:

Questions and concerns should be directed to your veterinarian. For additional information about adverse drug experience reporting for animal drugs, contact the FDA at 1-888-FDA-VETS or online at http://www.fda.gov/AnimalVeterinary/SafetyHealth

Inhibiting, non-steroidal anti-inflammatory drug clinical signs of osteoarthritis were enrolled in a placebo-controlled, masked field study. Two hundred and eighty five (285) client-owned dogs were enrolled in the study. Before using Galliprant, please consult the product insert, a summary of which follows:

For use in dogs only.

GALLIPRANT (grapiprant tablets) is a prostaglandin E2 (PGE2) EP4 receptor antagonist; a non-cyclooxygenase inhibitor of COX-1 and COX-2 enzymes. GALLIPRANT is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

GALLIPRANT (grapiprant tablets) is 0.9 mg/lb (2 mg/kg) once daily for 28 days. GALLIPRANT-treated dogs ranged in age from 2 yrs to 15 yrs.

She takes her oath to heart. Watch Dr. Medina’s story.

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Commentary | COMMUNITY

D r. Seasoned absolutely did the right thing. The business equation that’s lacking in Mrs. Sterns’ decision-making toolkit is one that assesses risk of:

> Not being paid
> A negative medical outcome
> Negative word of mouth that trashes the practice’s reputation

versus …

> A successful medical outcome
> Getting paid for services
> Positive word of mouth that creates corporate reputational capital.

What (risk-averse) Mrs. Stern does not appreciate is that clients frequently still pay their bills and gush praise about a veterinary practice that does everything possible to save a pet—even when the effort is unsuccessful.

Nice job, Dr. Seasoned.

—Suzanne Parsel-Dew, DVM, MBA
Little Rock, Arkansas

...
'4 eyes’ is a misguided solution to suicide crisis

These dvm360 readers say Dr. Andy Roark’s suggestion to help prevent suicide by restricting access to certain drugs fails to address the “why.”

We are a collection of un-famous, regular veterinarians, and some of us have counseled colleagues through the darkest of times, helping friends escape suicide. Some of us have experienced the darkest of times, having escaped suicide. And we believe that while Dr. Andy Roark has done wonderful things to advance our profession, his recent piece advocating a “four eyes” solution misses the mark.

Because we are expected to take Dr. Roark’s anecdotes as truth, we submit our own experiences as truth as well, including the fact that a mere one of the suicides within our collective circle of colleagues involved the individual using drugs obtained from work. This was carefully planned and no amount of “four eyes” would have stopped it.

Dr. Roark could work to compile data to show how expanding class sizes and increasing tuition at a rate dramatically outpacing inflation is setting up graduates for neither a prospect at debt-free life nor any semblance of work-life balance. Or he could participate with us as we formulate ways for colleges to more strategically select from their candidates. Or he could participate in brainstorming about combating the stigma associated with therapy or hospitalization for mental health dysfunction. Or he could challenge AVMA PLIT to defend its founding principles.

Another viewpoint is that making access to dangerous drugs more difficult is a short-term—but important—part of the overall solution.

No single program will be the solution, and that’s absolutely true here. But you can’t solve the problem if someone is dead.

As someone who’s had conversations with dozens of suicidal veterinarians, I can tell you: Controlled drugs are often the plan. This statistic was borne out in the Centers for Disease Control and Prevention’s recent analysis of veterinary suicide as well as literature from other countries. The sobering truth is that self-poisoning by euthanasia solution is either the first- or second-most-common method of suicide in veterinarians, depending on the study you read.1-3

Sure, reducing access to means does not fix why the person is suicidal. It doesn’t handle the circumstances that led them to suicidal thoughts and plans. But it does give us time to address what’s happening. The road to recovery is often long, and we need to keep a person physically safe while we address the reasons they got to that dark place to begin with.

That’s why I think programs like “4 eyes” are so important. In this program, Dr. Andy Roark and his team campaign for us all to restrict access to controlled drugs unless two people are present. This isn’t the whole solution, but it’s part of it. This is a basic safety measure that many of us can put in place to help keep our colleagues safe while we seek to address some of the very real problems we face as a profession. No single program will be the solution, and that’s absolutely true here. But you can’t solve the problem if someone is dead.

I understand criticism of the campaign. This solution does nothing to reduce the suffering of someone with suicidal ideation, and it adds incoherence to our already difficult and taxing jobs. Dr. Roark’s solution doesn’t address moral stress or overwork or cyberbullying or dozens of other things. It doesn’t provide mental health care. But it does give us time to work on those things. And I want to assure you that there are many of us working on those other problems.

We shouldn’t view the “4-eyes” campaign as a single solution, but rather a tool in a growing toolbox of programs that aim to address this crisis.

Better drug control helps

Another viewpoint is that making access to dangerous drugs more difficult is a short-term—but important—part of the overall solution.

References

—Carrie Jurney, DVM, DACVIM (neurology), CCFP; vice president, Not One More Vet
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To secure the best price from a consolidator, sellers need associates who will stay on after the transition.

Corporate veterinary hospital consolidators know that job one in any practice sale is to lock down commitments from the practice doctors. The veterinarians are the revenue-generating power plants of target clinic acquisitions, and, as such, their future employment status must quickly be ascertained and, if possible, controlled. If a corporate buyer can’t get sufficiently stout commitments from existing associates, it likely will steer away from the acquisition entirely.

Here’s what a consolidator does to manage this at various stages of a practice sale:

**Tactic No. 1: Motivate the seller to add more associates**

It’s widely recognized that most corporate buyers are looking for hospitals with top-line revenue at or above seven figures—the higher, the better. But they’re not just avoiding smaller clinics. There’s a less obvious reason consolidators prefer larger hospitals.

They know that if a hospital is earning $1 million because the DVM who owns it is an efficient and high-producing one-man show, that efficiency isn’t going to be much help when the owner leaves after the mandatory two-to-four-year “golden handcuffs” transition phase. Without another doctor in the mix, there will be no face recognition by clients when the seller finally leaves and someone new takes over. Knowing that, a typical consolidator will require that a selling owner hire a second DVM, even if that step causes bottom-line profit to drop.

Additionally, corporate buyers will require that the existing practice owner negotiate a robust noncompete commitment to be included in that second DVM’s contract. The practice owner’s juicy buyout offer will be contingent on (1) lining up a second doctor and (2) getting that doctor to sign an assignable (transferrable-to-the-corporation) noncompete.

**Tactic No. 2: Get the seller to ‘buy’ associates’ continued employment**

As I mentioned, corporate “roll-ups” (Wall Street’s term for consolidators like this) frequently dangle before sellers an excellent purchase price for their hospitals, but only after they get X number of associates to enter into employment contracts with the new owner/consolidator with bulletproof noncompete terms.

I’ve seen many associate DVMs involved in a corporate transition agree to stay on with the new owner simply because it’s easier not to change jobs. Others remain because they’re already subject to transferrable noncompete agreements they don’t want to challenge. Others agree to work for the new corporate owner because they know other doctors who’ve worked for the same consolidator and had acceptable, or even excellent, experiences doing so.

However, a significant number of associates have successfully parlayed their skills and experience into cash rewards in exchange for their commitment to continue working for the new owner looking to buy out their old boss. This arrangement can work a couple different ways:

**Scenario 1: Retention bonus.** The old owner tells one or more of the top-producing doctors they can get a retention bonus if they sign up to work for the new corporate owner for one, two or three years after the practice sale closes. I’ve seen general practitioners offered more than a year’s salary to stay on. It depends on how badly the seller wants the deal and how much of the sale price he or she will fork over, in the form of bonuses, to associates to make that happen.

Obviously, the seller can’t handcuff the associate who receives such a windfall to the operating table or...
Christopher J. Allen, DVM, JD | LETTER OF THE LAW

Christopher J. Allen, DVM, JD

An exam room door handle. Instead, the seller offers a cash down payment (maybe a third of the total money) plus a written contract stating that the associate will receive the balance at the end of the promised employment term. Frequently, the seller’s attorney will hold the balance of the funds in an escrow account for release at the end of the employment commitment.

Scenario 2: Associate buy-in.

A veterinary consolidator can also engender loyalty by offering an associate partial ownership in the clinic about to be purchased. The ownership offer is almost always a minority position, and it invariably comes with a number of caveats and contingencies that need to be considered carefully (preferably with professional legal and accounting guidance) before being accepted. The strings attached to these associate ownership agreements can include:

- An offer to become a “junior partner” that involves an up-front cash commitment by the associate.
- A consolidator retaining all voting rights, making any partnership strictly a financial one, with the associate having no say over operations.
- A price for shares or equity in the clinic that’s unjustifiably expensive, particularly if cash or salary reduction is required to participate.
- A “mandatory sell-back” provision that requires the associate to sell back his or her equity upon leaving the clinic—often at an unjustifiably low price.
- A stipulation that the corporate buyer may end up selling out to another, larger roll-up. This might be profitable to the associate holding equity, but it might not. If Corporation No. 1 fails to operate the clinic efficiently, a stock-holding associate may get hammered should the selling price to Corporation No. 2 be substantially lower than what the associate anticipated—or what Corporation No. 1 guesstimated when it was selling the idea of participation to the associate in the first place.

Employee beware

In the final analysis, it’s always wise for veterinary associates to evaluate every aspect of the potential marketability of any clinic they work for, as well as the skills and experience they bring to the table, when accepting a position at an independently owned veterinary clinic that could eventually be sold. There may be nothing to prevent your employer from selling at a moment’s notice—it could be a phenomenal price, a health crisis or just a sudden decision to shift careers.

If associates keep these possibilities in mind, they can maximize their own potential career and financial benefits suddenly arising from such a sale. They’ll need to figure out the best way to handle the old boss as well as how to negotiate with the potential new one—especially when the sale is about to close and the whole deal balances on whether the buyer can keep the old DVM engines in place and running on all cylinders.

Dr. Christopher Allen is president of Associates in Veterinary Law PC, which provides legal and consulting services to veterinarians. Call (607) 754-1510 or e-mail info@veterinarylaw.com.

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At VCA Animal Hospitals, we care.
Insurance won’t cover a DCM diagnosis?

Things get complicated when a pet insurance company won’t cover an asymptomatic patient eating a grain-free diet and at risk for dilated cardiomyopathy. It’s a tough line to draw, but is this where to draw it?

Our tale of grain-free diets, dilated cardiomyopathy and ultrasounds all starts with pet owner Lisa Connor coming in for an appointment with Dr. Esther Stone to examine Brutus, her 150-pound Great Dane. Lisa lives alone with Brutus, but she works from home, which allows her to shower affection on her canine housemate. Her limited income hasn’t stopped her from providing Brutus with a comfortable lifestyle: He sees the veterinarian on a regular basis, has pet health insurance and eats a high-quality dog food … or so she thought.

Five years ago, when Brutus came into her life, Lisa researched the best of everything for her new pet. She familiarized herself with the positive attributes of grain-free, high-quality dog food. At the time, grain-free, vegetable-laden diets were well respected, healthy and growing in popularity. Recently, Lisa has read about the newly recognized relationship between grain-free dog food and the serious heart abnormality of dilated cardiomyopathy (DCM). Once the FDA publicized the link between these diets and heart disease, she decided she needed to bring Brutus into the clinic for an exam.

Diagnosing without clear signs
Brutus has eaten a grain-free dog food exclusively for five years. Dr. Stone examines the dog and finds him to have a normal gross physical exam, but Dr. Stone explains that a cardiac condition can’t be detected with a conventional physical exam. In fact, listening to the dog’s heart and even taking chest radiographs may not reveal the presence of DCM. The diagnosis requires a cardiac ultrasound examination, Dr. Stone explains. That would produce definitive results, but it’s costly. Lisa confidently explains that her pet health insurance should help pay for it.

However, when Dr. Stone contacts Lisa’s pet insurance company on her behalf, she’s told that a cardiac ultrasound won’t be covered because Brutus presented with no signs of potential cardiac disease. Dr. Stone explains her patient’s risk factors and that not screening a large-breed dog on a six-year diet of exclusively grain-free dog food via ultrasonography would be negligent care. The insurance company representative doesn’t disagree but insists they can’t provide coverage for asymptomatic patients.

Judging on pet-owner-reported signs
Lisa is understandably angry and frustrated, as she doesn’t have the money for the ultrasound. Dr. Stone tells her to stop feeding the grain-free food immediately and shares with her signs to watch for that would require Brutus to get further medical assistance. Lisa takes Brutus home, writes a passionate letter to the pet insurance company and follows Dr. Stone’s direction to change the dog’s food.

Two weeks later, Brutus shows up again in Dr. Stone’s office. Lisa tells her that Brutus has started coughing and seems to have decreased stamina. Dr. Stone examines the patient and accepts the pet owner’s description of the dog’s signs as credible. She orders a cardiac ultrasound, which is now covered by pet insurance. Results show some minor age-related heart enlargement but no other abnormalities. Lisa is relieved that her dog has no signs of grain-free-food–related DCM.

So, do you suspect Lisa fudged the signs? Did she manipulate her veterinarian into ordering a cardiac ultrasound by fraudulent means? Should Dr. Stone have seen the sudden onset of reported cardiac symptoms by the owner as a sham to get around the pet insurance company’s first refusal to cover the ultrasound? Let us know at dvm360news@mmhgroup.com.

Dr. Rosenberg’s response
It’s unfortunate that grain-free-food–related DCM can only be definitively diagnosed by costly cardiac ultrasonography. Fortunately, the specific shortcomings in these diets can be corrected so the problem disappears and the insurance coverage, or lack of it, becomes a moot point.

That said, this is a real-time problem that must be dealt with immediately. When unique medical conditions arise, the pet owner, veterinarian and pet insurance company must work together to assist the patient. It’s true that many medical conditions are declined coverage when a patient is asymptomatic and only has the potential to develop a disease. This, however, is a unique situation involving fatal consequences when not addressed.

I personally feel that pet insurance companies should cover the ultrasound procedure in these cases and make the necessary actuarial adjustments in their premiums to minimize any losses. The last thing that anybody wants is a pet owner or veterinarian feeling that they have to skirt the truth to get the care a pet needs.

Dr. Marc Rosenberg is director of the Voorhees Veterinary Center in Voorhees, New Jersey. Although many of his scenarios in “The Dilemma” are based on real-life events, the veterinary practices, doctors and employees described are fictional.
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AVMA task force targets technicians

The group seeks to improve technician utilization in practices.

Technicians are vital to a veterinary practice, and to improve how their efforts are utilized, a task force convened by the AVMA Board of Directors will seek to develop a plan, according to a recent release. As part of this initiative, the group will take into account the importance of financial and career stability, effective task delegation and the wellbeing of both veterinary technicians and practices. They have until Dec. 31 to provide a report to the board, the release states.

There will be 10 voting task force members, according to the release. Those members will include a credentialed veterinary technician, a technician member of the NAVTA Committee on Veterinary Technician Specialties, a NAVTA Executive Board member, a veterinarian and veterinary technician member of the AVMA Committee on Veterinary Technician Education and Activities, a nominee from the American Association of Veterinary State Boards’ Veterinary Technician National Exam Committee, and an at-large veterinary practitioner, among others.

In addition, two nonvoting liaisons will be a member of the AVMA Board of Directors and a member of the AVMA House of Delegates (HOD), according to the release. Members were to be selected mid-May.

During its regular winter session at the beginning of this year, the HOD discussed the topic of technician utilization in veterinary practice, the release states. The topic sparked discussion on how to encourage the consistent use of credentialed veterinary technicians as part of a healthcare team, the lack of recognition for technicians, and the differences between employees trained on the job and credentialed technicians, along with high turnover rates, low job satisfaction and low wages for technicians. The conversation led to the recommendation that the Board of Directors consider a task force, and that a report be shared with the HOD within a year.

According to the release, the task force will provide ideas by the end of the year on actions to be taken to enhance the use of veterinary technicians as part of the veterinary healthcare team. Prior to its 2020 meeting, the plan is to distribute the report to the HOD.
Equine West Nile virus: We can’t be complacent

Despite the existence of highly effective vaccines, cases of this vector-borne disease are on the rise.

By Kate L. Hepworth-Warren, DVM, DACVIM

West Nile virus became a major equine health concern after it was first identified in the United States in 1999, infecting at least 1,000 horses every year through 2006. Since then, the development of effective vaccines has decreased the number of cases significantly. In 2011, only 87 cases were recorded by the USDA.1 However, the number of cases reported since then has rebounded, fluctuating between 141 and 627 annually. In 2018, nearly 500 cases were reported, which is the highest number since 2012. The only states in which West Nile Virus was not reported in horses in 2018 were Alaska, Arizona, Hawaii, Mississippi, Nevada, New Hampshire and South Dakota. Montana, Ohio and Pennsylvania all had more than 25 cases.1 Of course, it’s likely that the actual number of cases is higher, because reporting isn’t easily mandated and cases without a definitive diagnosis may go unrecorded.

So why are we seeing this resurgence? One possibility is that horse owners may have become less concerned since the number of cases dropped so quickly after the vaccines were introduced. If they think the disease no longer poses a significant threat, they may be less likely to vaccinate their horses against it. Our job as practitioners is to educate clients that West Nile virus is still present in the bird and mosquito population—and thus still poses a very real threat to horses.

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Horses and humans are dead-end hosts for West Nile virus. Infection occurs when horses are bitten by an infected mosquito, most commonly Culex species. After the initial exposure, the virus replicates in lymph nodes, and viremia occurs three to five days after inoculation, lasting up to 72 hours. Infection spreads to the central nervous system four to six days after initial inoculation, and clinical signs of neurologic disease become evident at seven to 10 days. The peak season for infection is late September to October, but it can occur any time mosquitoes are present.

Diagnosis

Although mild, subclinical infections may occur, the “classic” signs associated with West Nile virus infection include, in order of frequency, ataxia, abnormal gait, muscle fasciculations, depression and recumbency. The gait associated with West Nile can be misconstrued as lameness or laminitis in some horses. A mild to moderate fever (101.5°F to 104°F) may be present, but disease should not be ruled out solely on the absence of fever. While not pathognomonic for West Nile, fasciculations of the muzzle are frequently noted.

Diagnosis of West Nile Virus is fairly straightforward and generally does not require collection of cerebrospinal fluid (CSF). An ELISA that measures serum IgM antibody against the virus is the most sensitive and specific test available, at 92% and 98%, respectively. There is close to 100% agreement between serum and CSF antibody levels, thus there is little reason to collect CSF for diagnosis of West Nile virus.

However, West Nile virus infection can present similarly to other viral encephalitides in horses—such as eastern and western equine encephalitis—so collection of CSF and evaluation of a complete blood count (CBC) and serum chemistry profile may be warranted to rule out other differential diagnoses. Analysis of CSF with West Nile virus may reveal normal or mildly increased mononuclear cell counts with normal or increased protein. CBC is generally unremarkable, but mild lymphopenia may be present. The serum chemistry profile may also be normal, although elevations in muscle enzyme activity and hyperammonemia have been noted.

Treatment

Unfortunately, at this time there is no specific antiviral treatment available that is effective against West Nile virus infection in horses, so treatment is largely the provision of supportive care. Hyperimmune West Nile virus plasma is commercially available, although it is not approved by the FDA and its efficacy in horses has not been proven. In humans and animal models, it was shown to be efficacious even when administered three to five days after infection.

Supportive care includes fluid and nutritional support, depending on the horse’s ability to eat and drink. Anti-inflammatories, both nonsteroidal drugs and corticosteroids (flunixin meglumine and dexamethasone, respectively) are both used with some frequency. Reported mortality rates for horses with West Nile virus infection range from 28% to 33% and are relatively low when compared with other viral encephalitides. Patients that remain standing and ambulatory have a far better prognosis than those that become recumbent, which are nearly 80 times as likely to die or be euthanized.

Prevention

There are several vaccines available for the prevention of West Nile virus, including two whole virus inactivated vaccines (West Nile-Innovator—Zoetis; Vetera WNV—Boehringer Ingelheim) and an inactivated flavivirus chimeric vaccine (Prentige WNV—Merck). Previously, a recombinant canary pox vaccine was available but at the time of publication was no longer on the market. These are all offered alone or in combination with other vaccinations considered to be core by the American Association of Equine Practitioners.

The suggested administration interval of these vaccines is 12 months, although animals at higher risk can, and often are, vaccinated more frequently. In warmer regions of the country, where mosquitoes are present year-round, some recommendations suggest vaccinating up to three times annually for West Nile virus. Mosquito control and elimination of standing water are also key factors in minimizing the chance of West Nile virus transmission.

Despite a significant reduction in the number of cases of West Nile virus in horses over the past two decades, it’s still endemic in much of the United States and should be considered a differential diagnosis for horses that present with acute onset of ataxia, depressed mentation and potentially a fever. Highly effective vaccines are available, and it has been shown that unvaccinated animals are twice as likely to die as those that have been vaccinated even once.

West Nile virus is reportable in most states, thus practitioners should reference their individual states’ regulations to ensure appropriate disease reporting.

References


Dr. Kate Hepworth-Warren is an equine internal medicine specialist who currently works as a clinical assistant professor of equine medicine at North Carolina State University in Raleigh. Outside of work, she enjoys traveling, reading, running and the beach.
A guide to placing wound soaker catheters in dogs

Veterinary surgeons: Not familiar with wound soaker catheters? You’ll want to be. They are easy to place and remove and can simplify your local pain control regimen for some surgical patients. By Marc Hirshenson, DVM, DACVS; American College of Veterinary Surgeons

There’s no doubt that the implementation of appropriate analgesic protocols is a vital component of both routine and specialized veterinary surgical care. And yet, systemic analgesics—opioids and nonsteroidal anti-inflammatory medications—while frequently used in the perioperative and postoperative period, can result in unwanted side effects, such as sedation, nausea, vomiting, decreased appetite or urinary retention. Traditional nerve blocks with local anesthetics are beneficial in decreasing systemic analgesic requirements but require technical expertise; additionally, these medications have relatively short durations of action. Enter wound infusion catheters (also known as wound soaker or diffusion catheters), which deliver local analgesia to or around a surgical site by using repeated or continuous...
infusion. The use of these catheters in veterinary medicine has increased with better understanding of and focus on pain management in our patients. Wound soaker catheters are easily placed during surgery, assist in providing local analgesia for a prolonged period, and potentially decrease the need for systemic medications.

Instrumentation
In its simplest form, a wound soaker catheter is a pliable (often polyurethane) catheter that consists of a closed distal tip with small openings along the catheter length, allowing for diffusion of medication along a wound bed (Figure 1). An injection cap or intravenous (IV) administration set can be attached to the proximal end for drug administration.

You can make wound soaker catheters from red rubber or other types of polyurethane catheters, but other options are commercially available. Commercially available catheters are calibrated, allowing veterinary surgeons to know the volume of fluid retained within the catheter. Commercial wound soaker catheters are available in different lengths, allowing for placement in variably sized wound beds.

Indications
In my experience, wound soaker catheters are used most commonly during forelimb and hindlimb amputations. However, other procedures in which wound soaker catheters are used include thoracotomies, large mass removals and total ear canal ablation.1

Placement
Step 1: Insert the catheter during wound closure (Figure 2). Place the distal tip of the catheter at the deepest layer of closure or desired layer of local anesthetic administration.

Step 2: Continue to close around the catheter, ensuring that all slits are below the skin surface (Figure 3). Pay attention not to suture the catheter to deeper layers.

Step 3: Secure the catheter using a purse string suture and finger trap suture pattern. Commercially available wound soaker catheters have a butterfly at the proximal tip to allow for suturing to the skin and additional support.

Step 4: Cover the exit site with an adherent bandage or soft padded bandage, depending on the placement site.

Step 5: Place an injection port to allow for easy administration of medication. Administer a priming and filtering volume at the time of placement (per specifications supplied with each manufactured catheter).

Step 6: Place an Elizabethan collar on the dog.

Analgesia administration
Local anesthetics can be administered through intermittent (bolus) injection or constant-rate infusion. I prefer intermittent injection with bupivacaine, but lidocaine can be given as a constant-rate infusion (approximately 2 mg/kg/hr).

I recommend approximately 1 to 1.5 mg/kg bupivacaine every four to six hours for dogs. That dose can then be diluted to 0.25% with saline or sterile water to allow for increased volume. Small patients may require additional dilution of drug to ensure all medication exits the catheter or covers the entire wound bed. Limb amputations typically require dilution to ensure adequate dispersion across the wound bed, while thoracotomy procedures may require minimal dilution. Local analgesia can be administered through the catheter for at least 24 hours or longer as indicated.

Note: Wound soaker catheters can be placed in cats. I recommend giving 0.5 mg/kg bupivacaine intermittently for feline patients.

Removal
Removing a wound soaker catheter is simple. Just cut the skin sutures and apply gentle traction.

Complications
Potential complications of wound soaker catheters include seroma, edema, local anesthetic toxicosis, infection or accidental premature removal. One study found no increase in incisional infections in patients receiving wound soaker catheters.2

Conclusion
Wound soaker catheters may provide an additional means of analgesia for surgical patients. They can be placed easily with minimal additional surgical time, while potentially lowering the need for systemic analgesics.

References

Additional reading

Dr. Marc Hirshkoven practices at Triangle Veterinary Referral Hospital in Durham, North Carolina. Aside from his experience with minimally invasive surgery, his professional interests include surgical oncology, wound management, and cruciate ligament disease. In his spare time, he enjoys running, swimming, relaxing on the beach, and spending time with his wife and son.

Surgery STAT is a collaborative column between the American College of Veterinary Surgeons (ACVS) and dvm360 magazine. To locate a diplomate, visit ACVS’s online directory, which includes practice setting, species emphasis and research interests, at acvs.org.
Wellness vs. illness diagnostics: Test now or test later?

The veterinary world has its own chicken-and-egg debate on when to run tests and why—and at what value. By Michael Nappier, DVM, DABVP

Which came first—the chicken or the egg? Since the beginning of time, human beings have pondered that classic philosophical question.

And so it is with veterinary medicine that we ponder our own version of this question: Which should come first, the illness or the diagnostics? Some argue that diagnostics come first, so we can find problems earlier and thus provide more effective care. Others argue that illness comes first, because if we run diagnostics to screen all the time, there will be no resources left when we actually find a problem. Let’s spend a little time and examine our veterinary chicken-and-egg dilemma.

Illness first

The “chicken first” camp argues that we should conserve our resources until we actually have a chicken in sight. Going on an egg hunt of endless diagnostics will simply exhaust our patience and attention to detail while draining our clients’ financial resources and frustrating them with long strings of normal diagnostics. This can fracture the bond between the veterinarian and the client, leaving everyone in a weakened state when it comes time to actually fight an actual “chicken” (illness).

A further subset of the illness-first camp—hereafter referred to as the “rubber chicken cadre”—will also argue that the idea of wellness testing is simply a vast lab company conspiracy to wrench money from the pet-owning populace and veterinarians by recommending an endless series of tests that just result in more tests.

Diagnostics first

The “egg first” consortium feels that it is far better to find an illness before it hatches, as it’s better for our patients to fight disease in its infancy before it becomes a giant chicken monster. Waiting until a problem declares itself is like waiting for Godzilla to hatch and grow up before taking him on.

Regular wellness testing prevents this by detecting early signs of disease when they’re more easily treatable. This gives patients the best quality of life possible and reinforces the human-animal and veterinarian-client bonds. Even normal test results are celebrated, as they give us as veterinarians and our pet owners peace of mind knowing that all is well with their pet.

Illness-first veterinarians deride diagnostic-firsters as quaint or old-fashioned. There is a small group of egg-firsters who believe that no test should be spared in looking for potential problems—“vomiting,” if you will, tests all over their patients in an effort to adhere to the mythical yolk (gold) standard.

The verdict

While both camps have worthy goals and sound logic, I prefer to make my own way. I call it the path of the chicken omelet. I don’t care which came first, because I’d rather have my chicken and eat the egg, too. I prefer to find problems early, because that prevents bigger issues down the road.

It’s better for my patients because they get to be healthier, and it’s better for my clients because small problems are cheaper to fix than big ones.

I also prefer to offer wellness plans or packages for clients, because that helps pet owners budget wellness care into their regular financial plan while still allowing for unexpected illness problems. This also makes the illnesses easier to deal with, as the expense isn’t seen as being an either-wellness-or-illness proposition.

That said, not every test is worth running and not every animal needs every test. We’ve seen a number of tests in the veterinary profession come and go—tests that initially seemed exciting, but wound up being a never-ending cycle of checking and rechecking the same test with no change in treatment or outcome. The rubber chickens have a point that the No. 1 goal of a lab company is to sell lab tests.

In short, I believe we don’t need to be in one camp or another. Regular wellness testing and respecting our clients’ financial options are both worthy objectives. Offering well-thought-out wellness options with testing catered to our patients’ needs—instead of just running every test in the book—is good medicine. Giving clients financial options to better budget for their desired pet care is respectful to them without falling into the trap of “X-raying their pocketbooks,” which veterinarians are so good at. Now, let’s go out and make a chicken omelet.

Dr. Michael Nappier is assistant professor of community practice in the Department of Small Animal Clinical Sciences at the Virginia-Maryland College of Veterinary Medicine in Blacksburg, Virginia.
Storm Sangria: A calming cocktail for noise-phobic dogs

An intervention that includes both appropriate medications and safe-room training can help your anxious veterinary patients experience a measure of peace during thunderstorms, fireworks and other noisy events. By Sally J. Foote, DVM, CABC-IAABC, LSHC-S

We are at the height of the thunderstorm season here in the Midwest, and phone calls about storm–fearful dogs fill our days. Storm phobia is the most common subtype of noise phobia in dogs. The behavioral response may vary from mild pacing and panting to severe trembling to digging at the door—even breaking teeth and nails to escape.

Triggers may include falling barometric pressure, wind, rain, cloud cover and thunder. Many of these triggers are present hours before the storm develops, which explains why some dogs can suddenly start acting fearful on a calm, sunny day. When the thunder and lightning do occur, the dog often escalates into panic. The physical impact can include fractured canine teeth, aggravation of congestive heart disease or severe lacerations from attempts to escape the home or confinement during a storm.

Fortunately, there is a myriad of options for intervention—including pheromones, supplements and medications—to help reduce anxiety associated with noise phobia. But medication alone is not enough. The dog also needs to learn to go to a safe room to be calm and protected during a storm.

Introducing the Storm Sangria

The Storm Sangria is a cocktail created to help pets that are fearful of thunderstorms. It can also be used for the Fourth of July or other noisy events. I developed this cocktail based on lectures I attended about storm phobia discussing medications and safe-room plans, and it’s also based on my 35 years of clinical experience living in rural central Illinois. The Storm Sangria represents my go-to choice of medications. It is designed to last eight to 12 hours, since clients often must be away at work all day, and storms can erupt without warning and last hours.

This plan is not a behavior consult. It’s an intervention to reduce panic and help the dog learn to self-calm in a safe, sheltered place during a noise event. Think of this plan like a glass of sangria—a combination of medication (like the wine and brandy) with an easy-to-follow behavior modification plan (like the juice, fruit and seltzer). You need both parts to create the refreshing drink—or in this case the total plan. This plan will decrease noise fear and prevent further escalation. There may be underlying anxiety problems that require a more complete consultation, but for big noise events, this plan prevents panic and self-injury.

But first, let’s review

Before we get into the details of the Storm Sangria, here are some key points about storm and noise phobia to keep in mind:

- A plan that includes appropriate fear-reducing medications and safe-room training is the key to improving behavior. When you have this plan in place, many dogs can reduce their fear significantly in the first season and need less medication in subsequent seasons.
- Some previously non-noise-phobic dogs may suddenly become fearful due to an intense storm event. They will not “get over it.” Every storm or noise event will solidify their fear, and it will increase over time.
- Recognizing the early signs of anxiety and implementing the plan immediately is imperative. Medications take an hour or two to reach therapeutic levels and are less effective when the animal is already highly anxious.
- Brain aging, arthritis and other health issues can aggravate noise phobia. Be sure to ask your clients about older pets with fear of noises.

Mixing the perfect cocktail

Without further ado, here’s how to mix a Storm Sangria:

1. Screen for the level of panic using a storm fear scorecard. In my general practice, I found it helpful to use a storm report card to screen patients for their level of fear (find a link at dvm360.com/stormsangria). This tool allowed me to quickly provide the medication or supplement needed and implement a simple safety plan to reduce storm fear.

2. Determine the medication plan. This is based on the fear-screening score:
   - Levels 2 to 4: Adaptil collar worn 24/7. The Adaptil pheromone collar provides calming at any time of the day or night, which helps prevent fear escalation, especially when a surprise storm or noise pops up.
   - Levels 3 and 4: Propranolol at 5 mg/15 kg up to 20 mg maximum. Propranolol decreases the physical signs of increasing anxiety, which helps a dog move to the safe room.
   - Level 4: Diazepam at 2 to 5 mg/dog. Diazepam provides mild sedation and anxiety reduction for dogs that would injure themselves in escape attempts.
   - There are other medications that can work well, so the Storm Sangria is customizable based on your preferences. But the ease of administration, duration of action and reduction of physical signs to aid in getting to the safe room are why I kept most of my patients on this specific cocktail.

3. Teach the dog to happily hang out in a safe room. This can be a bathroom, basement or closet. Clients...
can teach their dog to go to the bathroom or basement readily by using the “learn to earn” game. They’ll reward the dog as it approaches the bathroom or basement, then quickly toss food in the room to make it fun to stay in there. I have a video on my YouTube channel, “Get in the Bathroom,” that demonstrates this process (find the link at dvm360.com/stormsangria).

4. Place a frozen Kong food puzzle in the safe room. A frozen food puzzle lasts for hours. Clients can have these ready by stocking the freezer with a few ahead of time. When it’s time to set up the safe room, they toss in the Kong and they’re all set.

5. Play music that’s heavy on the bass. I’ve found that rhythmic rock works best. In my personal and clinical experience, the heavy beat of rock music calms dogs better than classical. I’ve asked clients to tell me what specific songs helped their dogs be calm, and my own dog Butterscotch liked North African drumming music. From this client input I created the Butterscotch playlist (see dvm360.com/stormsangria). Use this list to help your clients create their own calming safe-room music list.

A note about older dogs
Geriatric dogs can be worse or better with storms. For dogs over 10 that experience storm fear, mix a Senior Storm Sangria. This cocktail consists of an Adaptil collar worn 24/7 as well as a daily milk protein supplement (Zylkene—Vetoquinol), an omega-3 fatty acid supplement and your nonsteroidal anti-inflammatory drug of choice for reducing any arthritis pain. Then implement the safe-room plan, the music and a food puzzle. Often, other sedating and anxiety-reducing medications are not needed when addressing age-related health problems, although a carpet runner may be needed to help the older dog walk to the safe room.

Last call
Storm and noise fears can seriously affect both dog and owner. Sleepless nights, damage to the home and expensive veterinary bills can break the bond. Prevent problems by advising all dog owners to create a safe room for their pets and send them there during storms or other noisy events. This intervention provides a sense of calm and safety—something both dogs and their owners will appreciate.

References

Dr. Sally J. Foote is a certified animal behavior consultant with expertise in Low Stress Handling. She has practiced in general medicine for over 30 years, including ownership of Okaw Veterinary Clinic in Tuscola, Illinois, one of the first Low Stress Handling Certified Clinics in the United States, where she developed a medical record system for recording the positive reinforcers for the veterinary exam. Dr. Foote is also past president of the American Veterinary Society of Animal Behavior and executive director of Cattle Dog Publishing, the legacy of Dr. Sophia Yin.

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Orivet has announced a new test available to detect a genetic variant linked with chondrodystrophy and intervertebral disk disease (IVDD) in dogs. Chondrodystrophy is defined by dysplastic, shortened long bones and premature degeneration and calcification of intervertebral discs, so it’s more common in short-legged breeds such as dachshunds, basset hounds and corgis, while dachshunds account for 45% to 70% of all IVDD cases in dogs. The single assay test from Orivet detects a variant in gene FGF4 linked with these diseases, helping veterinarians and pet owners take proactive measures to protect musculoskeletal health.
For fastest response visit orivet.com
It’s official: Elanco to purchase Bayer’s animal health division

The $7.6 billion deal will double Elanco’s companion animal business, making it the second-largest global player in the veterinary pharmaceutical industry, companies announce.

Elanco Animal Health has entered into a definitive agreement to acquire Bayer Animal Health, the companies announced separately on August 20.

The transaction is valued at $7.6 billion, including $5.3 billion to be paid in cash and $2.3 billion in equity. Subject to regulatory approval and other customary closing conditions, the deal is expected to be finalized in mid-2020, according to the releases.

With its Advantage and Seresto parasiticides, among other products, Bayer Animal Health has been a long-time global leader in the veterinary industry, with sales of $1.8 billion worldwide in fiscal year 2018. The marriage of these companies will give rise to the second-largest animal health company in the world (behind Zoetis), improving Elanco’s product portfolio and paving the way for research and innovation, according to the Bayer press release.

“Our Animal Health business is among the pioneers of this sector, having built up an attractive portfolio and secured well-established market positions in the companion and farm animal segments,” said Werner Baumann, chairman of the board of management of Bayer AG, in the Elanco press release. “And now, the combination with Elanco will give rise to a leading competitor in the animal health industry, benefiting customers, employees and shareholders alike.” Jeffrey N. Simmons, president and CEO of Elanco, agrees. “Combining Elanco’s strong relationship with veterinarians and Bayer’s leadership in retail and e-commerce will ultimately benefit all our customers,” he said in the Bayer release. “We look forward to joining our complementary portfolios and capabilities to build a fully focused animal health company, providing a sustained flow of innovation for farmers, veterinarians and pet owners.”

The purchase agreement guarantees all Bayer Animal Health employees will retain a position within Elanco for at least one year.

Zoetis acquires Platinum Performance

Zoetis has entered into an agreement to acquire Platinum Performance, a privately held, nutrition-focused animal health company. Platinum’s nutritional product formulas focus on scientific wellness for horses, dogs and cats. With the acquisition of Platinum’s nutritional formulas, Zoetis enters this space for horses, building on the company’s existing nutritional portfolio for dogs and cats. The expansion in nutritionals aligns with Zoetis’ increasing focus on health and wellness as part of the continuum of animal care, according to a company release.

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Here are the CE opportunities coming in the next few months

**September 7-10**
American Holistic Veterinary Medical Association Annual Conference
Nashville, TN
(615) 282-5005
ahvma.org

**September 8-10**
Pet Loss & Grief Companioning Certification Course
Boston, MA
(317) 966-0096
twoheartspetloss.center.com

**September 12-15**
Colorado VMA Convention 2019 Denver, CO
(303) 318-0447
colovma.org

**September 21-22**
San Diego County VMA Fall Conference San Diego, CA
(619) 640-9583
svcvma.org

**September 22**
It’s What’s Up Front That Counts!
Portland, OR
(503) 674-8169
vmc-inc.com

**September 25-26**
119th Penn Annual Conference Philadelphia, PA

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**October 5-6**
Breed-Specific Medicine: Using Genetics to Elevate Quality of Care San Antonio, TX (972) 664-9800

**October 10-13**
AVBVP Symposium Denver, CO
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**October 14-17**
Atlantic Coast Veterinary Conference Atlantic City, NJ
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acvc.org

**October 17-19**
2019 ACVS Surgery Summit Las Vegas, NV
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acsvsurgery.org

**October 17-19**
Endovascular Updates in Cardiology Asheville, NC
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tvetgraduate.com

**November 3**
Veterinary Forensics Seminar & Autopsy Lab Madison, WI
(608) 265-5206
vets.vetmed.wisc.edu/cereg

**November 8-10**
2019 ISVMA Annual Convention Tinley Park, IL
(217) 546-8381
isvma.org/isvma-convention

**November 11-12**
VMC’s Human Resources Boot Camp Dallas, TX
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**November 13-17**
The Great Smokies Veterinary Conference Asheville, NC
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**December 7-9**
Vet Vacation CE St. Maarten: Updates in Oncology, Geriatrics and End of Life Sint Maarten
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For a full listing of events in 2019, visit dvm360.com/calendar
Human medicine ain’t my rodeo

As a performance animal veterinarian, I’ve learned that if you get thrown from a bull, you have to get up and get back on—unless that bull decides to land on you.

Every year there’s a rodeo in Lamesa, Texas. It’s a fairly big deal, lasting four nights and featuring local talent as well as circuit cowboys and cowgirls. I went a few years when we first moved to Lamesa—even competed myself—but I don’t go anymore.

Every time I go to a rodeo, swarms of people pull me over and want to tell me a story about something wrong with their horse or how something I did to their horse 15 years ago didn’t work. I guess I sound like an old bitter vet, but believe me when I say it can go too far.

The magical power of waving hats

This particular year, the announcer called out, “Dr. Brock to the area behind the bucking chutes, please.”

I ambled my way around the arena until I was met by an official with an anxious look on his face: “We have two things that desperately need your attention,” he told me. “First thing is that one of the bucking horses has a long laceration across its chest that needs to be sewn up. The second is that the last bull rider got stepped on pretty bad, and we need you to have a look at him and just needs a little air. So the other bull riders circle around him and he ain’t gettin’ no better, but he still keeps hollering when we tell him we’re gonna get the ambulance,” said the official. “Can you convince him he needs more doctoring than we can give with our CPR, please?”

I asked what kind of CPR they’d done, and I got a detailed explanation of how a person who gets stepped on by a bull gets the “wind” knocked out of him and just needs a little air. So the other bull riders circle around him and fan his face with their cowboy hats until he has his air back.

Four bull riders were still performing “CPR” on Bubba, fanning their hats so fast and hard that it was blowing dust up all around Bubba’s face. I started in on them: “I am not a human doctor, and Bubba may have had some serious internal damage from that bull. I am going over to get the ambulance and if you like Bubba, you’ll help me before he gets worse!”

The paramedics hustled over and left me free to consider the cut horse.

The magical power of male bravado

When I arrived at the pen holding the mare, things weren’t much better. She had a 20-inch slice across her chest with a huge flap of skin hanging down. But that wasn’t the worst part. The worst part was that she wasn’t even halter-broke and appeared to have smoke coming out of each nostril like a dragon waiting to devastate a village. There were cowboys circling the pen she was in.

“How are we even gonna catch her to sedate her, much less sew it up?” I said.

To that, one fella piped up: “No worries. I’ll catch her for you—I do it all the time.” The cowboy grabbed a halter and leapt over the fence. I watched in amazement as he jogged toward the mare and patterned out the halter in his hands to slip onto her like he was approaching a 24-year-old kid horse. I couldn’t see this turning out well. I was about to holler at him to just forget it and I would—then she struck. She laid both ears back and took off like a shot, straight at him. She bounced him all over that pen. Someone finally got a rope on her and got him off. Immediately, five men jumped over the fence and started waving their hats in front of his face—you know, CPR.

It’s a good thing there were two paramedics in that ambulance. I got the mare sutured up after several doses of sedation and about four hours of work. And I decided I wasn’t going to the rodeo anymore.

Bo Brock, DVM, owns Brock Veterinary Clinic in Lamesa, Texas. His latest book is Crowded in the Middle of Nowhere: Tales of Humor and Healing From Rural America.
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