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IMPORTANT SAFETY INFORMATION: METACAM (meloxicam oral suspension) and PREVICOX (firocoxib) Chewable Tablets are for use in dogs only. METACAM (meloxicam) Solution for Injection is approved for use in dogs or cats (not indicated for osteoarthritis in 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. Please refer to the package insert or product website for complete product information.

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We’ve got the proof on pain.

While others talk about pain management, our pain portfolio is proven in more than 20 favorable studies. When you prescribe METACAM® (meloxicam) or PREVICOX® (firocoxib) for your post-operative (PREVICOX only) and canine osteoarthritis patients, the research stands with you, so that you can get your patients back to living the life they love.
Metacam®
(meloxicam oral suspension)

1.5 mg/mL (equivalent to 0.05 mg per drop) / 0.5 mg/mL (equivalent to 0.02 mg per drop)

Non-steroidal anti-inflammatory drug for oral use in dogs only

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

Warning: 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. 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 milligrams and sodium benzoate (1.5 milligrams) as a preservative. The chemical name for Meloxicam is 4-[3-1(2-thiazolyl)-2-hydroxy-5-carbamoyl-1, 1- dioxide]. The formulation is a yellowish viscous suspension with the odor of honey.

Indications: Metacam Oral Suspension is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

Contraindications: Dogs 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 humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. For oral use in dogs only.

As with any NSAID all dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to administration of any NSAID. The owner should be advised to observe their dog for signs of potential drug toxicity and be given a client information sheet about Metacam.

Precautions: The safe use of Metacam Oral Suspension in dogs younger than 6 months of age, dogs used for breeding, or in pregnant or lactating dogs has not been evaluated. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. As a class, cyclooxygenase (COX) inhibitory NSAIDs may be associated with gastrointestinal ulceration and bleeding. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs should be observed carefully after initiation of any NSAID from one NSAID to another. Management of adverse reactions from another NSAID. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of other drugs that may inhibit prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed. Since NSAIDs possess the potential to induce gastrointestinal ulcerations and/or perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. In dogs, NSAID therapy should be introduced when the dog is experiencing routine adverse events from one NSAID to another. The use of concomitantly protein-bound drugs with Metacam Oral Suspension has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticoagulant and behavioral medications. The influence of concomitantly protein-bound drugs that may inhibit metabolism of Metacam Oral Suspension has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy.

Adverse Reactions: Field safety was evaluated in 306 dogs. Based on the results of two studies, GI abnormalities (vomiting, soft stools, diarrhea, and inappetence) were the most common adverse reactions associated with the administration of meloxicam. The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse reactions are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of frequency by body system.

Gastrointestinal: vomiting, anorexia, diarrhea, melana, gastrointestinal ulceration
Urinary: azotemia, elevated creatinine, renal failure
Neurological/Behavioral: lethargy, depression
Hepatic: elevated liver enzymes
Dermatologic: pruritus

Death has been reported as an outcome of the adverse events listed above. Acute renal failure and death have been associated with use of meloxicam in cats.

Information for Dog Owners: METACAM, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include vomiting, diarrhea, decreased appetite, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowing of gums or skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behaviors changes. Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue Metacam and contact their veterinarian immediately if signs of intolerance are observed. The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised to observe the importance of free access to water and food and to keep the dose as small as possible. Owners should be advised that any changes in behavior, appetite or in eating habits should be discussed with their veterinarian.

Effectiveness: The effectiveness of meloxicam was demonstrated in two field studies involving a total of 277 dogs representing various breeds, between six months and thirteen years of age, all diagnosed with osteoarthritis. Both of the double-controlled, masked studies were conducted for 14 days. All dogs received 0.2 mg/kg meloxicam on day 1. All dogs were maintained on 0.1 mg/kg oral meloxicam from days 2 through 14 of both studies. Parameters evaluated by veterinarians included lameness, weight-bearing, pain on palpation, and overall improvement. Parameters assessed by owners included mobility, ability to rise, limping, and overall improvement. In the first field study (n=109), dogs showed statistically significant improvement in 12 days of treatment with meloxicam in all parameters. In the second field study (n=48), dogs receiving meloxicam showed a clinical improvement after 1.5 days of therapy for all parameters; however, statistical significance was demonstrated only for the improvement on day 1, and for the group receiving meloxicam on day 1. Reference: 1. FOI for NADA 141-213 METACAM (meloxicam oral suspension).

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Metacam®
(meloxicam oral suspension)

5 mg/mL 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 cats 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 5.0 mg, alcohol 15%, glycol 14%, sodium polasamer 188 9%, sodium chloride 0.6%, glycine 0.5% and meglumine 0.3%, in water for injection, pH adjusted with sodium hydroxide and hydrochloric acid.

Indications: Dogs: METACAM (meloxicam) 5 mg/mL Solution for Injection is indicated in dogs for the control of pain and inflammation associated with osteoarthritis.

Contraindications: Dogs with known hypersensitivity to meloxicam should not receive Metacam 5 mg/mL Solution for Injection.

Warnings: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. For IV or SQ injectable use in dogs. All dogs should undergo a thorough history and physical examination before administering any NSAID. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to, and periodically during use of any NSAID in dogs.

Owner should be advised to observe their dogs for signs of potential drug toxicity.

Precautions: The safe use of Metacam 5 mg/mL Solution for Injection in dogs younger than 6 months of age, pregnant or in breeding, or in lactating bitches has not been evaluated. The drug meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. Safety has not been established for intravenous (IV) administration in dogs. When administering Metacam 5 mg/mL Solution for Injection, use a syringe of appropriate size to ensure precise dosing. As a class, cyclooxygenase inhibitors 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 existing renal, cardiovascular, and/or hepatic dysfunction. Concurrent administration of potentially nephrotoxic drugs should be carefully approached. NSAIDs may inhibit the prostaglandins that maintain normal homeostatic function. Such anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease that has not been previously diagnosed. Since NSAIDs possess the potential to induce gastrointestinal ulcerations and/or perforations, concomitant use with other anti-inflammatory drugs, such as NSAIDs or corticosteroids, should be avoided. If additional pain medication is needed after the administration of the daily total dose of Metacam Oral Suspension, a non-NSAID or noncorticosteroid class analgesia should be considered. The use of another NSAID is not recommended. Consider appropriate washout times when switching from corticosteroid use or from one NSAID to another. The use of concomitantly protein-bound drugs with Metacam Oral Suspension has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticoagulant and behavioral medications. The influence of concomitantly protein-bound drugs that may inhibit metabolism of Metacam Oral Suspension has not been evaluated. Drug compatibility should be monitored in patients requiring adjunctive therapy.

The effect of cyclooxygenase inhibition and the potential for thromboembolic occurrence or a hypercoagulable state has not been studied.

Adverse Reactions: Field study involving 224 dogs was conducted. Based on the results of this study, GI abnormalities (vomiting, soft stools, diarrhea, and inappetence) were the most common adverse reactions associated with the administration of meloxicam.

The following adverse reactions are based on post-approval adverse drug event reporting. The categories are listed in decreasing order of frequency by body system.

Gastrointestinal: vomiting, diarrhea, melena, gastrointestinal ulceration
Urinary: azotemia, elevated creatinine, renal failure
Neurological/Behavioral: lethargy, depression
Hepatic: elevated liver enzymes
Dermatologic: pruritus

Death has been reported as an outcome of the adverse events listed above. Acute renal failure and death have been associated with the use of meloxicam in cats.

Information For Dog Owners: Meloxicam, like other NSAIDs, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with NSAID intolerance. Adverse reactions may include vomiting, diarrhea, lethargy, decreased appetite and behavioral changes. Dogs should be observed carefully after initiation of any NSAID from one NSAID to another. Management of adverse reactions associated with the administration of meloxicam.

Reference: 1. FOI for NADA 141-213 METACAM (meloxicam oral suspension).

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Refer to http://www.hvcc.com for more information.
Respiratory Arrest 1 0
Vomiting 5 6

Adverse reactions observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

Adverse Reactions Seen in U. S. Field Studies

Adverse Reactions

Prevcicox (n=128) Active Control (n=121)

Wiring 8 8

Diarrhea 10 10

Deemesssive Apathy or Aneuresia 1 1

Effaty 3 3

Fat 2 2

Hypertension 0 0

PREVICOX (firocoxib) Chewable Tablets were safely used during field studies concomitantly with other therapies, including vaccines, anthelmintics, and antibiotics.

Soft-tissue Surgery: In controlled field studies evaluating soft-tissue postoperative pain and inflammation, 258 dogs (mean weight: 21 kg) were evaluated for safety when given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally approximately 2 hours prior to surgery and once daily thereafter for up to two days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed adverse reactions during the study.

Adverse Reactions Seen in the Soft-tissue Surgery Postoperative Pain Field Study

Adverse Reactions

Prevcicox Group (n=127) Control Group (n=131)

Wiring 5 6

Diarrhea 5 5

Respiratory Infections 1 0

Sple ematous TisUE 1 0

Blood Tissue 1 0

Cramps 0 0

*Sham-dosed (pill)

Orthopedic Surgery: In a controlled field study evaluating orthopedic postoperative pain and inflammation, 226 dogs of various breeds, ranging in age from 1 to 11.9 years in the PREVICOX-treated groups and 0 to 17 years in the control group were evaluated for safety. Of the 226 dogs, 118 were given PREVICOX Chewable Tablets at a dose of 2.27 mg/lb (5.0 mg/kg) orally approximately 2 hours prior to surgery and once daily thereafter for a total of three days. The following adverse reactions were observed. Dogs may have experienced more than one of the observed reactions during the study.

Adverse Reactions Seen in the Orthopedic Surgery Postoperative Pain Field Study

Adverse Reactions

Prevcicox Group (n=118) Control Group (n=108)

Wiring 3 3

Hepatic 0 0

Hypertension or Aneuresia 0 0

Impairement of Utenial Appetite 3 1

Pyrexia 2 2

Hypothermia and Hypothermia 0 0

Using Infection 2 0

A case may be represented in more than one category.

*Sham-dosed (pill).

**One dog had hemorhagic gastroenteritis.
Essential information for veterinarians about hemangiosarcoma

A renowned veterinary oncologist outlines the current knowledge about this cancer of the blood vessel walls, from presentation to prognosis.

By Kate Boatright, VMD
Hemangiosarcoma is often the first thing that comes to mind when a splenic mass is found in a dog. Although hemangiosarcoma is the most common malignant splenic tumor, it is not the only differential. Unfortunately, obtaining a definitive diagnosis and prognosis requires histopathology that must be obtained surgically. The decision to proceed with surgery in the face of a potentially poor prognosis can be a difficult one for clients, especially in an emergency, where the tumor has ruptured and is actively hemorrhaging.

During a session at the 2020 American Veterinary Medical Association Virtual Convention, Sue Ettinger, DVM, DACVIM (oncology), an oncologist at VCA Veterinary Referral and Emergency Center in Norwalk, Connecticut, discussed what practitioners need to know about hemangiosarcoma to help their clients make the best decision for their pet and family.

How does hemangiosarcoma present?
According to Ettinger—known by many as Dr Sue Cancer Vet—clinical signs of hemangiosarcoma vary greatly depending on tumor location and how advanced the disease is at diagnosis. Tumor location can vary from the skin to subcutaneous tissue to visceral organs. The most common primary visceral sites are the spleen, heart, and liver. As a cancer of blood vessels, hemangiosarcoma metastasizes quickly, with the liver and lungs being the most common targets.

Some patients with splenic hemangiosarcoma present with nonspecific signs such as decreased appetite, lethargy, or gastrointestinal distress; others present in hypovolemic shock after an acute collapse. Still, other patients have no clinical signs, and the mass is found incidentally.

Ettinger reminded clinicians that while large-breed dogs are generally thought to be at increased risk, any dog can present with hemangiosarcoma. German shepherds and golden and Labrador retrievers are believed to be at the highest risk, and a genetic predisposition is suspected.

The double two-thirds rule
Ettinger said that only about 45% of splenic masses are hemangiosarcoma based on the “double two-thirds rule.” According to this rule, two-thirds of patients presenting with a splenic mass have a malignant tumor. Of these malignancies, two-thirds are hemangiosarcoma. This rule is supported by the literature, which shows 45% to 65% of splenic masses in dogs to be hemangiosarcoma.

Differentials for the one-third of dogs with benign masses include nonneoplastic masses such as hematomas, abscesses, nodular hyperplasia, or a benign hemangioma. Differentials for the remaining malignancies can include lymphoma, histiocytic sarcoma, and osteosarcoma, among others.

Despite the double two-thirds rule, Ettinger said that in her experience, emergency clinicians have a higher suspicion of hemangiosarcoma when a splenic mass is identified. This is likely because patients presenting with a splenic mass in the emergency setting often have ruptured tumors and hemoabdomen, both of which increase the index of suspicion for malignancy. In a study that evaluated dogs presenting with nontraumatic hemoabdomen, 80% of the splenic masses were neoplastic and, of those, 88% were found to be hemangiosarcoma.

Another exception to the two-thirds rule is that nonruptured splenic masses found incidentally, commonly called “incidentalomas,” are less likely to be malignant. In a 2016 study, only 30% of these masses were malignant.

Preoperative diagnostics
Although the definitive diagnosis of any splenic mass is made via histopathology, clinicians should perform several diagnostics before surgery to assess patient risk and stability. Bloodwork is an essential part of the preoperative workup, including a complete blood count (CBC) and chemistry panel at a minimum. CBC results may raise the suspicion of malignancy if anemia, nucleated red blood cells, abnormal red blood cell morphology, or thrombocytopenia is present. CBC results can also help to assess perioperative mortality risk. Patients with marked preoperative thrombocytopenia or anemia (hematocrit <30%) are at increased risk for death.

Assess coagulation status with a prothrombin time or partial thromboplastin time, conducted in house if possible. If this test is not available in house, evaluate buccal mucosal bleeding time or clip the toenail to assess clotting. Half of the patients with hemangiosarcoma will present with a coagulopathy.

Perform chest radiographs prior to surgery to assess for gross metastatic disease, which is present in 50% of dogs at the time of diagnosis. Obtaining 3 views of the chest is essential to maximize the chances of detecting a lung nodule if present.

If available, abdominal ultrasonography can be a helpful tool because it is less affected by effusion than radiographs. Ultrasonography allows the clinician to confirm the presence of splenic tumor(s), assess the degree of effusion, and assess for gross metastasis to other abdominal organs. Additionally, it can help evaluate the architecture of the mass, which...
guides the decision to perform a fine-needle aspiration (FNA). FNAs are not recommended on cavitated splenic masses. Generally, cytology is low yield and inaccurate for hemangiosarcoma, and obtaining the sample carries a high risk for hemorrhage due to the friable nature of the mass. If a solid splenic mass is visualized, an aspirate may aid in the diagnosis.

While some textbooks recommend echocardiography before surgery to screen for right atrial masses, Ettinger does not feel it is necessary in most cases. A better use of the client’s money is electrocardiographic monitoring during and after surgery, as arrhythmias are common in patients with both benign and malignant masses. The presence of intraoperative ventricular arrhythmias doubles the risk of perioperative mortality.5

**Traditional treatment options**

Hemangiosarcoma is a treatable cancer and treated dogs do live longer. However, the 1-year survival is less than 10% regardless of how aggressive treatment is.6 Nonruptured and low-grade splenic tumors offer the best prognosis. Surgery is the first-line treatment for splenic masses. During surgery, fully explore the abdomen. The gross appearance and size of the primary mass at the time of surgery do not correlate with malignancy. Suspected metastatic lesions on other abdominal organs, such as the liver, may be hematomas, extramedullary hematopoeisis, or another benign process. Thus, biopsy and submit all suspicious lesions for histopathology along with the entire spleen. Surgeons must remember that hemangiosarcoma can only be diagnosed definitively by histopathology and should not make intraoperative assumptions about malignancy.
Ettinger cautioned that the iatrogenic spread of neoplastic cells is possible due to the tissue’s highly friable nature. To minimize seeding of neoplastic cells during surgery, lavage the abdomen thoroughly prior to closure and use fresh gloves and instruments for closure.

Surgery alone is considered a palliative treatment that controls local disease and reduces acute hemorrhage risk in the future. Average survival time following palliative surgery is 1 to 3 months. A prolonged survival time can be extended to 6 to 9 months when surgery is followed by systemic chemotherapy. Doxorubicin-based protocols are the most common, but the accumulated cardiotoxicity limits the number of treatments a patient can receive. Other protocols, including the use of metronomic chemotherapy, are being investigated to maximize survival times and quality of life following surgery.

There is also ongoing research into new therapeutic options for hemangiosarcoma, but limited data are available at this time. A new drug called eBAT is being studied at the University of Minnesota as both a treatment and preventive option. Losartan, an angiotensin II blocker in dogs, is being investigated as a possible palliative option due to its antitumor effects. Ettinger said she is excited about the potential of these new therapies, but more research is needed.

The role of supplements
Ettinger also discussed the use of supplements as a part of both palliative and curative-intent treatment protocols. Polysaccharopeptide mushrooms are an Asian blend of mushrooms that have antitumor properties. Several blends are available, but many are proprietary, which makes comparing brands difficult. Ettinger recommends I’-Yunity, which was used in a small study of 15 dogs and showed a slight increase in survival times beyond surgery alone. However, this product can be expensive, so she offers an alternative, K9 Immunity Plus (K9 Medicinals), noting that this blend has not been studied.

Yunnan Baiyao, a Chinese herbal mixture commonly used in veterinary patients with hemorrhage, may also help patients with hemangiosarcoma. Ettinger suggests this product as a palliative measure for patients with metastatic nodules that could rupture and bleed or in cases of splenic tumor that has ruptured, but the client declines surgery.

Key talking points for clients
When talking to clients about hemangiosarcoma, Ettinger suggests describing it as an “aggressive and malignant cancer of blood vessels” that can occur in many locations in the body. She stresses to clients that noninvasive tests will not tell us if a splenic mass is hemangiosarcoma. Wait for biopsy results before giving an accurate diagnosis and prognosis. Treatment for hemangiosarcoma is fought on 2 fronts: locally (where the goal is to control metastatic disease). According to Ettinger, despite the poor long-term prognosis, many of the clients she treats are very happy with surgery alone because the quality of life they get is good.

Kate Boatright, VMD, a 2013 graduate of the University of Pennsylvania, is an associate veterinarian and freelance speaker and author in western Pennsylvania. She is actively involved in organized veterinary medicine at the local, state, and national levels and is a former national officer of the Veterinary Business Management Association.

REFERENCES

Kate Boatright, VMD, a 2013 graduate of the University of Pennsylvania, is an associate veterinarian and freelance speaker and author in western Pennsylvania. She is actively involved in organized veterinary medicine at the local, state, and national levels and is a former national officer of the Veterinary Business Management Association.
Wellness plans for veterinary patients are growing in popularity. We live in a membership-driven society—consumers expect to pay a smaller amount monthly for designated services or products. Think about your monthly subscription box or your membership at the gym or spa. Although implementing these plans is a great way to offer your clients comprehensive wellness services, there are some dos and don’ts to keep in mind.


do

Involve the team
Make sure to get buy-in from your entire hospital team before launching wellness plans. Schedule several team meetings and provide an overview of the plans you will offer. Then have smaller departmental meetings so you can iron out specific details about the wellness plans. Make sure your team is on the same page so clients won’t receive mixed messages.


Don’t

Celebrate new enrollees
Try offering members a welcome gift or reward for enrolling in one of your wellness plans. Congratulate them for making the best choice for their pet’s care and well-being. You can also announce new enrollees on social media or your lobby’s bulletin board with bright, eye-catching colors and photos. When clients see these pictures, they’ll want to know how to get their pet’s image on the board for all to see. Trust me: These featured images will circulate all
over your clients’ social media channels. Free advertising is always a bonus!

**Educate**
Discuss wellness plans with owners whose pets come in for minor illnesses. A dog that goes to the clinic for an ear infection may benefit from a wellness plan today or in the future. If the pet has a potentially life-threatening issue, it doesn’t make sense to discuss wellness plans at that time.

**Don’t**

**Misplace priorities**
Don’t place wellness plans ahead of medicine and treatment. If your team members start to recommend the wellness plan in the lobby before the pet’s appointment or discuss it over the phone when the client is making the appointment, they may feel like you are just trying to sell them the plan. Instead, try discussing wellness plans when a new pet comes in for an appointment. Direct them to your website or email them information before their appointment. Make sure they know they always can discuss these plans with the doctor.

**Overwhelm clients**
Don’t forget to explain the difference between your wellness plan and pet insurance. Explain what your plan includes and what it doesn’t. Make this a positive conversation. Don’t start with a laundry list of items your plan doesn’t cover. Instead, focus on all of the services and benefits of the wellness plan. Reiterate to the client that this is a wellness plan for the services we know their pet will need each year. If they are concerned about unexpected illnesses or injuries, they should consider getting a pet insurance policy to complement the wellness plan.

**Be a salesperson**
Don’t come across like a salesperson who’s putting wellness plans before medicine. Allow the doctor to recommend the pet’s wellness care, and then explain how your plan includes what the doctor has recommended and will help the client pay for this care over time.

**The bottom line**
Overall, implementing wellness plans into your practice will require a well-thought-out approach. Think about how you’re going to educate your clients and be sure to incorporate lots of team training, including role-playing scenarios. Then, sit back and celebrate your success.
Feline feeding faux pas: Are we stressing our cats out?

Eating issues in cats—whether too much or too little—may have a behavioral cause. Here’s why, and what to do about it.

By Karen Todd-Jenkins, VMD

When a cat stops eating or its appetite tapers off, it is reasonable to look for a medical explanation. But according to Sarah Heath, BVSc, DECAWBM, CCAB, MRCVS, owner of Behavioural Referrals Veterinary Practice in Chester, England, the underlying issue could be behavioral.

At the Fetch dvm360® Virtual Conference last month, Heath advised attendees that abnormal eating patterns like hyporexia, anorexia, and overeating are sometimes triggered by anxiety—even in a cat that isn’t exhibiting any other signs of stress. Possibly perpetuated by emotional triggers, obesity and weight loss shouldn’t be ignored. Fortunately, there are practical ways to manage and prevent these issues.

Simply recognizing important food-related feline behavior is the first step. Heath cautioned that behavioral and environmental factors can influence appetite in both directions. Often, miscommunication or misunderstanding between a cat and its owner can perpetuate abnormal eating behaviors. Veterinarians can help by educating clients about normal feeding behaviors.

Cats are natural-born nibblers

“Cats are physiologically designed to take in small amounts of food frequently throughout the day,” said Heath. According to her, this may surprise some pet owners who believe it’s normal for a cat to sit at a bowl and eat until it is empty. But cats normally prefer to graze or nibble. They eat a few mouthfuls of food and walk away, intending to return later to eat a little more. However, some pet owners misinterpret walking away from the food as a sign of illness or possibly as an indication that the cat doesn’t like that particular food anymore. So, the owner may purchase different food that’s more palatable, which sometimes means higher in fat. Initially, the cat may eat the new food happily. But according to Heath, it might return eventually to its usual behavior of nibbling, which triggers the owner to change the food again, and the cycle continues. Many cats are unfairly labeled as “fussy eaters” because of this scenario.

Some owners respond to this situation by becoming more actively involved in the feeding process and encouraging the cat to eat.
However, this can backfire as the owner’s interference can contribute to stress, which causes the cat to develop a negative association with eating and introduce more fussiness.

In contrast, some cats respond to this feeding regimen by sitting at the bowl and overeating, which contributes to obesity. Heath reminded attendees that obesity is sometimes perceived as being cute, or perhaps a sign of being well cared for, and that pet owners don’t always recognize it as an illness.

And we veterinarians may have our own biases, she explained. “When we think about a cat that is hyporexic or anorexic, we obviously will be looking for an underlying medical cause, whereas, perhaps, when weight is put on, we don’t think of it in medical terms quite as quickly.” Veterinarians have an important role in educating pet owners about obesity and identifying pitfalls that contribute to it.

**Cats aren’t social eaters**

Humans usually like to eat in groups, so some pet owners assume that cats do too. Although pet owners commonly feed multiple cats in the same location (or in close proximity), cats normally prefer to eat alone. In fact, some cats may become hyporexic in response to the anxiety associated with being forced to eat in a group. Even cats that are socially compatible at other times still probably prefer to eat alone. Forcing a cat to eat in a group creates tension, as the cat endures (and suppresses) stress to gain access to food, which is a critically important resource. This pattern can create frustration that gets displayed at other times. It can also create a negative association with food, which contributes to hyporexia and anorexia.

The opposite can also happen, Heath said. Some cats, if they become anxious that the food bowl will be removed, or that other cats will eat the food, respond by overeating. “Satiation control is when you know you’re full, and you no longer need to eat,” she said. “For a cat, if you are faced with food in a controlled way, you get to a point where you override satiation control and are more likely to continue eating.” This, of course, contributes to obesity and to behaviors like overeating and regurgitating.

Cats also don’t naturally eat every meal in the same location. In the wild, this could invite attention...
from other predators. Instead, cats are more likely to take their small meal to a new, secure location and eat it there.

**Cats normally spend significant time pursuing prey**

It’s no secret that cats are predators. In a natural environment, cats might spend 6 to 8 hours a day stalking and otherwise pursuing food. They’d also normally hunt alone. In contrast, pet cats are often fed in groups, as noted above, and they’re commonly fed twice daily. This removes their opportunity to graze and encourages them to take in a larger food volume than they should. “The feline digestive system isn’t designed to take in 50% of the daily food ration in 1 sitting,” Heath explained. Some cats overeat and regurgitate in response to this altered feeding practice.

**Solutions: Work to reduce stress and encourage normal appetite**

“Weight loss and obesity are both disease processes that can be influenced by behavioral and dietary factors,” Heath said. The simple tips outlined below can help promote a healthier emotional environment for cats at home and at the veterinary practice.

**At-home advice for pet owners**

- Weigh or measure food, and deliver it in various ways that give the cat more control over food acquisition. Use food puzzles, hunting feeders, or other novel methods that encourage the cat to actively look for food, which supports hunting behavior. It also promotes calorie burning for overweight cats.
- In a multiset home, feed cats separately if possible. Establishing multiple feeding stations provides immediate and solitary access to food. Using a microchip feeder that releases food when the cat approaches (wearing the tag/collar) can also help. Multiple feeding stations also work for single-cat homes. Food puzzles or regular bowls/saucers containing small amounts of food can be placed in different spots around the house to help satisfy the cat’s natural desire not to eat all its food in the same location. It also allows the cat to spend time searching for food and control food intake.
  - When possible, feed smaller, more frequent meals throughout the day, instead of 2 larger meals.
  - Feed cats from an elevated location. Cats tend to feel safer at higher elevations because they can see what’s around them. Feeding stations can be placed on top of elevated platforms, in hideaways, or in/on cat towers, which encourages the cat to jump up to the food. These platforms should only be large enough for 1 cat to satisfy the feline urge to dine alone.
  - When deciding where to put feeding stations, consider human activity, noise levels, lack of privacy, visual threats (eg, being able to look through a window and see another cat outside), and other factors that make 1 location less desirable than another. Over time, this can help reduce stress.
  - For overweight cats, encourage climbing and provide access to vertical spaces. Encourage clients to play with cats regularly, which stimulates positive emotions and provides an outlet for predatory behavior.
  - Warm the food slightly to make it more fragrant and desirable.
  - Use synthetic pheromones to help reduce stress. Diffusers or sprays are available.

**Tips for veterinary practices**

Medical issues may reduce a cat’s motivation to eat. So, during hospitalization, it’s more important than ever to create a safe environment that doesn’t adversely affect the cat’s emotional state. Use the following tips to increase comfort:

- Provide a covered box, feline fort, or another hiding place in the cage.
- Place food bowls toward the rear of the cage or inside cat hideouts, so the cat has privacy while trying to eat.
- Feed on an ad-libitum basis, if possible. This allows cats to eat when they want to—likely during quiet times.
- Don’t change the cat’s food while it is hospitalized. If a cat has a recent diagnosis of kidney disease or diabetes, for example, it’s natural to want to change the diet as soon as possible. However, the hospital setting is stressful, and the cat probably doesn’t feel well. So, changing the diet at that time creates a negative association with food that may develop into a food aversion. It’s best to feed the cat the diet it’s used to getting at home and allow the owner to wean the cat onto the new diet at home after the stress level has receded.
- Don’t be afraid of feeding tubes. “Placing a feeding tube is something we should consider sooner rather than later, rather than trying to get into a battle with the cat to get him to eat,” Heath noted. “Once the cat is in a better state emotionally, it’s easier to try to reintroduce feeding.”
- Synthetic pheromones can help reduce stress.

Karen Tod-Jenkins, VMD, received her VMD degree from the University of Pennsylvania School of Veterinary Medicine. She is a medical writer and has remained in clinical practice for over 20 years. She is a member of the American Medical Writers Association and One Health Initiative.
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Providing relief for animal suffering is an important component of the Veterinarian’s Oath and a common aspect of practicing veterinary medicine. At the inaugural Fetch dvm360® virtual conference, veterinary pain management expert Robin Downing, DVM, MS, DAAPM, DACVSMR, CVPP, CCRP, presented a multimodal approach to both acute and chronic pain management in dogs and cats.

According to the International Association for the Study of Pain (IASP), pain is defined as an unpleasant and emotional experience associated with actual or potential tissue damage. The IASP further explains that the inability to communicate in no way negates the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment. This is particularly applicable for veterinary patients, which lack the ability to communicate in a traditional way yet still experience pain. Downing reminded attendees of the old Buddhist proverb “Pain is inevitable. Suffering is optional.” It is our duty to prevent suffering in our patients.

Components and categorization of pain
Downing described pain as a complex and 3-dimensional experience. The first dimension is the sensory component, which is the traditional informational component of pain. The second is the emotional dimension that occurs with suffering. The third is the cognitive component, in which past experiences of pain can influence both future perceptions of pain and assessment of perceived threats.

Pain is categorized as either adaptive or maladaptive. According to Downing, adaptive pain is the pain that protects us, and the same holds true with our pets. The types of pain that fall into this category are transient nociceptive pain in response to a noxious stimulus (such as what occurs as a warning sign to avoid further injury) and inflammatory pain. By contrast, maladaptive pain has no such beneficial effect, and pain in this category is considered pathological. Neuropathic pain, functional pain, and windup pain are all types of maladaptive pain. In the case of windup pain, the area of perceived pain expands beyond the original site of pathology due to sensitization of nociceptors in the peripheral and central pain pathways, in response to a barrage of afferent nociceptive impulses. Any of these types of maladaptive pain may become chronic.

Studies have shown the beneficial results of administering intraoperative local analgesia to prevent chronic pain. Intraoperative local analgesia can lessen the occurrence of chronic pain postoperatively, lower the doses of postoperative analgesics needed to control pain, and improve patient outcomes.
Identifying pain
Identifying pain in our patients can be clinically challenging, and pain is easily overlooked. Using a systematic approach, Downing starts her assessment with a thorough physical examination. Patients exhibiting the third dimension of pain—in which their past pain experience is triggering fear, anxiety, or stress (eg, the perception of threats)—may require alterations to your diagnostic plan. This is a cyclic situation in which anxiety exacerbates pain, and pain exacerbates anxiety. Previously complacent pets may now exhibit fear in these situations due to the presence of pain.

Give any pet that is reluctant to be handled the benefit of the doubt that they may be in pain and may require analgesic treatment before continuing with diagnostic tests. In these situations, consider which components of your plan for that visit are truly necessary at that time. Postpone any procedures or diagnostic tests that are not deemed necessary until pain control has improved, and the patient is more tolerant and less stressed.

A diagnostic plan should be determined as appropriate for the patient, in order to reach a diagnosis. As Downing noted, the reason for this is to ensure proper treatment of the appropriate underlying condition. For example, suppose you forgo diagnostic radiographs in a dog experiencing lameness. In that case, you may miss osteosarcoma and head down an inappropriate treatment path that could result in treating the patient for osteoarthritis, missing the true problem, and whittling away at a prognosis that was already limited. Once you have determined the location of the pain, the underlying cause, and whether the pain is acute or chronic, you can develop a plan to address the pain directly.

Addressing chronic pain
Chronic pain is best addressed using a multimodal management plan. Patients with chronic pain are typically less active and often overweight. This cycle can resemble the chicken and egg dilemma. In general, overweight patients put more stress on their joints, are more prone to injuries, and may develop chronic pain. Likewise, patients with chronic pain will be less active and thus prone to weight gain. Regardless, normalizing body condition is crucial. In dogs, also ensure the patient is not hypothyroid and treat as appropriate. (Don't be fooled by euthyroid sick syndrome, which can occur when patients are painful).

Pharmacotherapy
Ultimately, with chronic pain, there is a need to break the pain cycle pharmacologically. Nonsteroidal anti-inflammatory drugs (NSAIDs) are the cornerstone of pain management, for both chronic and acute pain. NSAIDs decrease inflammation and modulate pain at various levels of the central and peripheral nervous system. Some patients may have experienced a previous failure or sensitivity to an NSAID. This does not mean they will have a similar failure or reaction with another NSAID. In these cases, Downing feels it is worth attempting therapy with a different class of NSAID; however, if a sensitivity occurs again, eliminate NSAIDs as a viable option.

Another target for maladaptive and chronic pain is the dorsal horn of the spinal cord. Targeted therapy would include such medications as gabapentin and amantadine. According to a study Downing conducted, the appropriate gabapentin dose for maladaptive pain is 5 to 10 mg/ kg orally every 8 to 12 hours, titrated up to effect. 3 Beneficial effects may be noted within 24 to 48 hours but reach steady state with peak activity in 10 to 14 days. Gabapentin is safe for long-term use, but do not discontinue the drug abruptly or rebound pain may occur. Sedation is the primary side effect and is typically transient. Persistent sedation can be addressed by dose reductions. Amantadine is an N-methyl-D-aspartate antagonist and may be used in combination with NSAIDs and gabapentin. Amantadine is also well tolerated for long-term use and is typically dosed at 2 to 5 mg/kg per day orally. Downing noted that, in a study of dogs with osteoarthritis of the stifle and elbow, tramadol...
was shown to have no effect on pain management and is not recommended.4 Polysulfated glycosaminoglycan (Adequan; American Regent Animal Health) is also useful in dogs and cats. Polysulfated glycosaminoglycans are the building blocks of cartilage. Although they do not replace lost cartilage, they can heal microfractures and have indirect anti-inflammatory effects. Downing uses an extra-label dosing scheme of 2 mg/lb subcutaneously twice weekly for 4 weeks, then once weekly for 4 weeks, then every 10 to 15 days as maintenance. She prefers to dose Adequan subcutaneously rather than intramuscularly. As an injectable option, this may be of particular value in cats that do not tolerate oral medication administration.

**Nutraceuticals**

Evidence varies for the value of nutraceuticals in chronic pain. Among the discussion points in her talk, Downing cautioned attendees on using the triglyceride formulation of omega-3 fatty acids because the esterized formulation is not bioavailable. There is some evidence that undenatured collagen type II (UC-II) may slow deterioration of articular cartilage in rodent models by promoting anti-inflammatory cytokines.5 UC-II may be used in dogs and cats.

Microlactin is a milk protein for hyperimmunized cows that has immunomodulatory effects that decrease destructive chronic inflammation. As this is a different pathway and mechanism of action than NSAIDs and corticosteroids, it can be used in conjunction with either of these. The initial effect is seen within 5 to 7 days, with peak effects within 10 to 14 days. Side effects are typically minimal and limited to sporadic gastrointestinal signs. Green-lipped mussel contains the essential fatty acid eicosapentaenoic acid and can be used with hyaluronic acid of the appropriate molecular weight.

Downing emphasized that it is the formulation and manufacturing process, not just the ingredient, that is important when considering nutraceuticals for pain management. All of these products must be manufactured in a way that does not denature the compounds or interfere with their efficacy. For this reason, efficacy tests should ideally be conducted for each formulation used.

**Physiotherapy**

Downing acknowledged that physiotherapy also has a role in multimodal pain management and should be incorporated into pain protocols. A plethora of modalities and tools can be used to manage pain. Assistive devices such as wheelchairs, slings, supportive vests, rolling carts, and wagons also play a role in managing patients with chronic pain that require mobility assistance. Modifications to the home environment play a role as well. Pet owners should be encouraged to videotape their home environment, so that you can assess for items that should be modified (eg, raise food and water dishes, cover slick floors, secure access to stairs, use ramps, modify play with other pets in the household).

**Conclusion**

The most important aspect of pain management is breaking the pain cycle by first capturing and controlling the pain. Once pain is controlled, medications can be titrated to the lowest effective dose. This is typically only possible after employing multimodal pain management protocols. 

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The coronavirus pandemic has brought many challenges to veterinary medicine. After months of stay-at-home orders, pet owners fear infection. Many veterinarians are offering curbside care, which has had some complications. We have seen an increase in telehealth in human medicine, and this may be the direction veterinary medicine is headed as well. Here are 6 reasons why.

1. **Clients have experienced telemedicine themselves—and liked it.**
   In April 2020, telehealth increased 1000% from 2 weeks earlier, according to research from the medical and health sciences division at Oxford University.1 “There has been something like a 10-fold increase in virtual patient consultations in the last couple of weeks,” Ray Dorsey, MD, MBA, the director of the Center for Health + Technology at the University of Rochester Medical Center, told The Lancet at the time. “It’s as big a transformation as any ever before in the history of US health care.”

   According to an Updox survey in May, 42% of 2000 individuals polled said that they had used telehealth services since the pandemic began.2 When surveyed, human patients and health care providers said they preferred virtual care to traditional in-office visits for several reasons:
   - It is convenient.
   - It strengthens the bond between patient and physician.
   - The software makes it fast and easy to book an appointment.
   - Patients do not risk exposure to illnesses.

   If our clients had experience with the service and liked it—or even preferred it—is it far-fetched that they would embrace the same kind of service for their pets?

2. **The world got virtual really fast.**
   Before the pandemic, telehealth technology may have seemed too complicated for veterinary clients. Today grandparent are using Zoom, yoga classes are online, and church-goers are singing hymns during virtual church services. We have fallen into a wonderland of possibilities, except the looking glass is a smartphone. Your business is grounded in brick-and-mortar land, but a significant part of the population you serve is enthusiastic about the new world online.

3. **Curbside care is challenging.**
   When veterinarians started offering curbside care, we found ourselves in a game of telephone tag. First, the doctor received a call when the client arrived. The technician called the client and then the doctor called the client to report the exam results. Finally, the receptionist called the client to process the payment and paperwork.

   Telehealth cut curbside care appointment times in half. Employees working from home connect to clients using telehealth platforms and patient history. Invoicing is completed before the patient arrives in the parking lot. Once patients are on-site, their vitals are taken and exams are completed.

   The workflow switch uses team members as they are available, which frees more space in the appointment book, alleviating the added time demands of curbside care.

4. **We get a firsthand look at the environment.**
   Telemedicine consults have turned out to be more than an online exam; they are an invitation into the pet owner’s home. They let you...
see pets in their daily environment. We can see the stairs that the dog has trouble with, the litter pan that the cat is using, and where everything is located in the house. We can meet members of the pet owner’s family and other pets that we haven’t seen as patients. All this is possible because video chats feel more relaxed than a clinic visit.

5 There are many new care opportunities.

Now that we’ve acclimated to telehealth, we’ve discovered many other ways we can use it. This is not merely a substitution for what we were already doing. It opens up care to new possibilities. Here are some of them:

- Attract new clients by advertising telemedicine services.
- Include telemedicine as part of a wellness plan, allowing year-round engagement with clients and pets.
- Monetize and bring more value to the free phone advice we’ve been giving clients for years.
- Follow up with patients virtually to free up valuable appointment space.
- Compete with big-box stores, low-cost spay/neuter clinics, and other businesses.
- Increase compliance with semi-annual exams and oversight on geriatric and end-of-life patients, and those with chronic illness.

Viewing telemedicine as an additional service, instead of as an alternative for existing services, has changed the landscape of my practice. It is not just an online physical exam but another avenue of care, connection, and communication. There are dozens of ways we can use telehealth to increase adherence, convenience, and productivity and enhance the bond we have with our clients and patients.

6 It helps align our business model with the modern world.

Because of the pandemic, the internet has become more than a tool to source food and home supplies. Between April and June, nearly 656 million human health and fitness apps were downloaded. For pets, the market size for wearable technology is expected to reach $4.6 billion in 2027, compared with $1.6 billion in 2019. When we sync our software and our services to what our clients are already doing, we build ourselves inside their digital world. It seems that companies like BabeVet had it right all along.

Individuals using apps and wearables are having an ongoing conversation with service providers. Telehealth gives all health care providers a voice in that dialogue, which helps strengthen the client relationship. It is much more than a substitute for an in-person visit to the veterinarian. This technology connects us to the digital ecosystem that clients already live and work in.

Bash Halow, LVT, CVPM, runs Halow Consulting, a practice-management consulting business. In 20 years as a veterinary professional, he has been a practice manager, a regional manager, a hospital administrator, and a regular speaker at Fetch dvm360® conferences.

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Get your message to veterinarians TODAY!
Ushering in a new year provides an excellent opportunity to reflect on changes you could make to improve your personal and professional well-being. For 2021, consider ditching your standard resolutions and embrace the concept of personal innovation.

“Now is the perfect time for us all to look inward,” said Mia Cary, DVM, CEO of Cary Consulting, during a lecture at the inaugural Fetch dvm360® virtual conference. “Personal innovation is to be ever-evolving with the goal of bringing our best selves to everything we do.”

Here are Cary’s 5 building blocks of personal innovation to formulate strategies and habits that will fuel your positive evolution into 2021.

1. **Consider your purpose and focus**
   Nearly all businesses and associations have documented purpose or mission statements that outline the organization’s priorities. It is one of the constructs of a successful business strategy. Yet, so few people invest the time to create a personal purpose statement that defines their values. “This first step is all about knowing our purpose and then being able to focus on it,” Cary said.

   To begin creating a personal purpose statement, she prompted attendees to answer 4 questions:
   - Why do I exist?
   - What matters most to me?
   - What do I value?
   - How do I want to be remembered?

   If these questions seem too philosophical or cumbersome right now, home in on simple keywords that resonate. “If you jot down those few words they can evolve into one or two sentences,” she said. “From there, you can start to put together a succinct purpose statement as an example.”

   As you continue to develop a personal purpose statement, keep in mind that most are action-oriented. “It also helps to remind myself that they are fluid,” Cary added. “What I may think resonates today as my statement can evolve. You are not stuck in one thing.”

2. **Leverage uniqueness to create value**
   One of the pivotal steps toward personal innovation is leveraging your attributes to create value for those around you. To explore this concept further, Cary instructed attendees to reflect on their unique assets.

   “Start by writing down 3 unique attributes that resonate with you about yourself,” she said. “In isolation, the words you choose may not necessarily seem unique—hardworking, upbeat, inquisitive—but what is most important is that they are personal.”

   Cary shared the journey of former University of Florida classmate Stephanie Jones, DVM, as an example of leveraging uniqueness to create value. “What defines her is being extremely passionate about veterinary medicine and helping kids,” Cary explained.

   Inspiration for your purpose statement
   Use these notable personal purpose statements as a springboard to create your own:
   - **Oprah Winfrey**: “To be a teacher. And to be known for inspiring my students to be more than they thought they could be.”
   - **Richard Branson (founder of Virgin Group)**: “To have fun in my journey through life and learn from my mistakes.”
   - **Denise Morrison (CEO of Campbell Soup)**: “To serve as a leader, live a balanced life, and apply ethical principles to make a significant difference.”
nonprofit organization that aims to improve the physical, social, and emotional health of youth through the human-animal bond.

“I share this because it is such a good example of someone who has been able to tap into what makes them unique to add value to the world around them,” Cary said. “I’d love to encourage you to think about what makes you unique.”

3. **Take risks**

“I like to think of this in terms of failing fast, failing forward, and failing often, and then keeping going,” Cary said. “We know the most successful innovators take calculated risks. They do their homework before they jump, but when they do jump they are all in and they do not let failures or a series of failures deter them. They use those as learnings to fuel the next round.”

According to Cary, regardless of the outcome, there are a plethora of benefits to taking risks. For starters, risk urges us to learn new skills and evolve existing skills. “Taking a risk also boosts creativity and creative thinking, which we know is important in terms of having an innovative mindset,” she said.

Whether it is immediately apparent or not, making quick decisions helps to define clear objectives because there is no time to second guess yourself. “The fear of failure often gets obliterated when taking risks because we are always looking for the next thing to inspire us and we know there is always more to learn,” Cary explained.

Taking calculated risks often results in a positive trickle-down effect, too. To observers, the ability to bet on yourself and adopt an entrepreneurial mindset tends to inspire confidence. “Taking risks is also about being open to new ideas, new approaches, and new ways of thinking,” Cary added. With this mindset, new opportunities are uncovered.

4. **Collaborate diversely**

“You likely already recognize the benefits of being part of a network or community, and you know the power of collaboration,” Cary said. “But I encourage you to take a look at the people you spend the majority of your time with at home and work. Do they look, act, talk, and think like you? Do they come from similar backgrounds?” If so, it’s time to branch out.

Making a concerted effort to collaborate with professionals from different economic, cultural, educational, and social backgrounds provides unique perspectives to problem-solving and creative thinking. For those looking to further strengthen this area of personal innovation, Cary recommends the work of social scientist Scott E. Page, in particular, *The Diversity Bonus: How Great Teams Pay Off in the Knowledge Economy*. His work demonstrates that teams composed of different kinds of thinkers outperform homogenous groups on complex tasks, producing what he calls diversity bonuses.

In addition to embracing the importance of diversity and inclusion in the workplace, Cary asked attendees to consider the people in their lives who influence and guide them. “One concept I like to expose people to is the idea of a personal advisory board,” she said. Many veterinary professionals are involved in mentoring at some level, but by creating diverse and varied connections—your advisory board—you will have a variety of people with different mindsets you can turn to with questions or potential business ideas.

5. **Embrace lifelong learning**

Veterinary professionals are intrinsically involved in lifelong learning to stay abreast of the new information and technology in the field. Whether through obtaining certifications, on-the-job training, or attending conferences, continuing education is not a foreign concept.

But according to Cary, a challenge remains: How do you fuel your intellect outside of veterinary medicine? Do you enjoy listening to podcasts, touring museums, or learning new languages? Aim to become more expansive in your learning, she said. If it has been a while since you engaged in one of your favorite activities, maybe that is one of the things you commit to doing next on your journey toward personal innovation. “In doing so we may very well spark creative juices that in turn fuel new ideas that ultimately positively impact our work,” she said.

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**Create SMART goals**

The ideal way to achieve both external and internal goals is through the SMART format.

- **Specific**: Goals should be concise and aligned with your main objectives.
- **Measurable**: Create timelines or benchmarks to gauge your progress.
- **Attainable**: Ask yourself whether you can realistically complete your goal within the given timeframe.
- **Relevant**: There should be meaning behind every goal that links it to an overall business or personal objective.
- **Time-bound**: Set deadlines.
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