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Obesity **C**arthritis **C**chronic pain







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Vetted (USPS 535170, (ISSN print: 2469-3987 Online: 2469-3995) is published monthly by UBM LC, Veterinary, 131 West First St., Duluth, MN 55802-2065. Moneyear subscription rates: \$60 in the United States and Possessions; \$72 in Canada and Mexico; \$97 in all other countries. Single issue orders: \$18 in the United States and Possessions; \$22 in Canada and Mexico; \$24 in all other countries. Periodicals postage paid at Duluth, MN 55806 and additional mailing offices. POSTMASTER: Please send address changes to Vetted, PO. Box 6087, Duluth, MN 55806-6087. Canadian GST Number: R-124213138RT001. Publications Mail Agreement Number: 40612608. Return undeliverable Canadian addresses to: IMEX Global Solutions, PO. Box 25542, Landan, ON N6C 682, Canada. Printed in the U.S. A. @ 2018 UBM All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including by photocopy, recording, or information storage and retrieval without permission in writing from the publisher. Authorization to photocopy items for internal/educational or personal use, or the internal/educational or personal use, or several personal persona



Introducing HospitalDesign360

The team at *dvm360* is excited to announce big changes to its veterinary hospital design brand: The Veterinary Economics Hospital Design Conference is now the HospitalDesign360 conference. HospitalDesign360 isn't just a name change—though the new name and logo bring the conference closer into the dvm360 family—the conference experience will change as well.

Building on the four pillars established by Fetch dvm360 (nurture, inspire, connect and equip), you'll still get the same best-in-industry hospital design CE from the most knowledgeable architects, engineers and financial consultants in the business. And you'll walk away from HospitalDesign360 refreshed, inspired and full of new ideas that you'll actually remember how to put into practice, using principles of adult learning.

We can't wait to show you what we've got planned. Want to know more? Check out **fetchdvm360.com/HD** for more. This year's HospitalDesign360 will be held just before Fetch dvm360 conference, Aug. 15-17, 2018, in Kansas City.





THE GUIDE March 2018

Introducing HospitalDesign360



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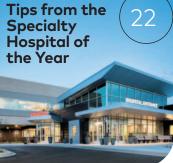


Unboxing feline

interstitial cystitis







Ways clients pay **24** High five the hand test Snag that second date 26 Think like a

cat owner Fear free handout

Dogs take enough risks on their own.





The only vaccine that prevents

canicola, L. grippotyphosa,

leptospirosis caused by Leptospira

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** L. grippotyphosa

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THE PICKS

Confessions on sexual misconduct

ith the dawn of movements such as #MeToo and #TimesUp, women today are feeling more empowered than ever to share their workplace stories of sexual harassment and sexual assault. Until recently, this kind of harassment has been a burden that many women just kept to themselves. Confessions like these, anonymous but powerful, showcase the problems many women still face in veterinary medicine and the world. Visit dvm360.com/metoo to read our complete coverage.





97% SUCCESS RATE FOR WEIGHT LOSS^{1,2*}

STARTS WITH A CONVERSATION ABOUT BEGGING BEHAVIOR



References: 1. Flanagan J et al. Success of a weight loss plan for overweight dogs: the results of an international weight loss study. PLoS One 2017;12[9]:e0184199. 2. Hours MA et al. Factors affecting weight loss in client owned cats and dogs: data from an international weight loss study. Proc of 16th Annual AAVN Clinical Nutrition and Research Symposium; Denver (USA); June 8, 2016. 3. Murphy M. Obesity treatment. Environment and behavior modification. Vet Clin North Am Small Anim Pract. 2016;46:883-898. 4. Satiety Consumer Study (11- 21-14), IPSOS 2014. 5. Courcier EA et al. Prevalence and risk factors for feline obesity in a first opinion practice in Glasgow, Scotland. J Feline Med Surg. 2010;12[10]:746-53. 6. Rohlf VI et al. Dog obesity: can dog caregivers' (owners') feeding and exercise intentions and behaviors be predicted from attitudes. J Appl Anim Welfare Sci. 2010;13[3]:213-236. 7. McGreevy PD et al. Prevalence of obesity in dogs examined by Australian veterinary practices and the risk factors involved. Vet Rec. 2005;156[22]:695-702. 8. Royal Canim Internal Study, data on file.



Meet the needs of hospitalized feline patients

Fetch dvm360 conference speaker Sheilah Robertson, BVMS (Hons), PhD, DACVA, DECVA, CVA, MRCVS, preaches the five basic freedoms for animals in your hospital:

- 1 They shouldn't be fearful
- 7 They shouldn't be hungry or thirsty
- 3 They shouldn't be uncomfortable
- H They should be able to express normal behavior
- 5 They shouldn't be stressed out.

The last one is huge for kitties in your clinic. Think it seems impossible? Dr. Robertson says you must consider that the cat who meets you in the exam room is a "snapshot."

"What we have to do is remember, the whole stress for that cat—and its owner—started long before it arrived at our clinic," she says.

Though she says there is a ways to go, Dr. Robertson believes that great strides have been made with Fear Free tactics, low-stress techniques and preparative medication. Watch the video for more at dvm360.com/5freedoms.



We love cats! Join us at Fetch dvm360 conference in Virginia Beach, May 17-20, for a complete lineup of feline-focused learning. Visit fetchdvm360.com/vb to NFERENCE learn more or to register.

A flea-ting thought: Sharing isn't always caring

You know permethrins are bad news for cats, but there's a good chance your veterinary clients don't—and what they don't know can kill the cat. Help keep Sassy safe with this free client handout that educates on the dangers of permethrins and provides tips for toxicity prevention. Download a printable copy at dvm360.com/ fleacatastrophe.



Essentially yours: Diabetes mellitus

Each Veterinary Medicine Essentials package covers diagnostic steps, treatment plan guidance and the latest updates, plus resources to share with your entire veterinary team and your clients. Cats are most commonly affected by this endocrine disease, but dogs can be affected as well. We've gathered our best content on diagnosing and—usually more complicated—managing your veterinary patients with diabetes mellitus. You'll find tips on which insulin to use, how to best monitor glucose control, what to tell owners to help them best maintain regulation at home and more at dvm360.com/DiabetesEssential.

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Job satisfaction Conquer Manage change Take care of yourself Self-Personal awareness satisfaction

> True happiness



Fearless advocates

Join Dr. Jonathan Bloom at Fetch dvm360 conference in Virginia Beach to learn more about Fear Free strateaies. Visit

fetchdvm360.com/vb

to learn more.

Fear is the mind-killer

By Ionathan Bloom, DVM

Many years ago, I had to run a few hundred yards to pick up my daughter at school. I was out of breath and realized that I was also sadly out of shape. The next morning I told my wife that I was going to start training for a triathlon. We laughed hard at the ridiculousness of it ... and then the next day, I started training. The time to myself, and the time for myself are some of my best times—a time to step away and do for me.

philosophy

My three F philosophy is based on the things that hold most people back from enjoying life to the fullest fear, failure and fun. Fear of trying something new, the risk of failure and the reluctance to let loose and have a little bit of fun. After years of snow skiing, I tried my hand at snowboarding. Once I became comfortable with boarding, I tried the terrain park jumps, rails, boxes and half pipe.

Get busy learning

When we graduated from vet school, we felt accomplished and ready to use everything we'd learned to help pets. It turns out, that's where our education started. Healthcare advances and experiences are what really shape our careers.

Fear Free revitalized my

Nothing to fear

career. After years of training to be the best vet I could be. I questioned why pets were hiding in the corners of exam rooms, and why pet owners were reluctant to seek veterinary care. I questioned why consumers were spending more money in every sector of the pet care industry except for veterinary medicine. With the help of my mentor, Dr. Marty Becker, I realized there was a whole new level of healthcare that hadn't been tapped—the pet's mental health. For me, it's not just about diabetes and what insulin to use. It's also about how does that pet feel when you needle it with insulin? Helping create techniques to ensure every pet I touch has a better experience and sharing it with others is rewarding and fun.





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Obesity **C** arthritis **C** chronic pain

Arthritis affects at least 20 percent of the pet population,^{1,2} which can lead to chronic pain, and veterinarians are all too aware of the pet obesity epidemic in the United States. So how do you help these patients, either by slowing the progression of this triad or by tackling these intertwined, yet individual problems? Read on for a multimodal toolkit

from Fetch dvm360 speaker Tara Edwards, DVM, DACVSMR, CCRT, CVPP, CVMA.

By Jennifer Gaumnitz

here's often this negative cycle of obesity leading to inactivity, leading to weight gain, leading to arthritis. Or flip that around, where we have arthritis leading to inactivity, leading to weight gain, leading to obesity," Dr. Edwards says.

Pharmaceuticals

According to Dr. Edwards, the most commonly used pharmaceuticals in arthritic patients are nonsteroidal anti-inflammatory drugs (NSAIDs), gabapentin and amantadine. NSAIDs are the drugs of choice for initial therapy, since arthritis is an inflammatory disease process.

Amantadine, an NMDA receptor antagonist, is in the same category as ketamine. "NMDA receptors play a key role in inducing and maintaining central sensitization. So shutting down those receptors is beneficial," she says.



DELIC SI W





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NexGard® (afoxolaner) makes it easy to protect your canine patients against fleas and four of the most common species of ticks in North America.

¹Data on file at Merial. ²Data on file at Merial. Based on veterinary dispensed dose data.

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NexGard® is a registered trademark, and FRONTLINE VET LABS™ is a trademark, of Merial. ©2017 Merial, Inc., Duluth, GA. All rights reserved. NEX18TRADEAD1 (01/18). IMPORTANT SAFETY INFORMATION: NexGard® (afoxolaner) is for use in dogs only. The most frequently reported adverse reactions included pruritus, vomiting, dry/flaky skin, diarrhea, lethargy, and lack of appetite. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures. For more information, see full prescribing information or visit www.NexGardForDogs.com.



Indications:

HowGard kills adult fleas and is indicated for the treatment and prevention of flea infestations (Ctenocephalides felis), and the treatment and control of Black-legged tick (Ixodes scapularis), American Dog tick (Dermacentor variabilis), Lone Star tick (Amblyomma americanum), and Brown dog tick (filpicephalus sanguineus) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

Dosage and Administration:
NexGard is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered	
4.0 to 10.0 lbs.	11.3	One	
10.1 to 24.0 lbs.	28.3	One	
24.1 to 60.0 lbs.	68	One	
60.1 to 121.0 lbs.	136	One	
Over 121.0 lbs.	Administer the appropriate combination of chewables		

NexGard can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if voniting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NexGard and resume a monthly dosing schedule.

Flea Treatment and Prevention:
Treatment with NexGard may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NexGard should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea

Tick Treatment and Control.

Treatment with NexGard may begin at any time of the year (see Effectiveness)

Contraindications: There are no known contraindications for the use of NexGard

Warnings:
Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

Precautions:

The safe use of NexGard in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

Adverse Reactions: In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afoxolaner; 200 administered active control), no serious adverse reactions were observed with NexGard

Over the 90-day study period, all observations of potential adverse reactions were userver with revacual or reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was womiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced annormal during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses

Table 1: Dogs With A

Treatment Group			
Afoxolaner		Oral active control	
N¹	% (n=415)	N ²	% (n=200)
17	4.1	25	12.5
13	3.1	2	1.0
13	3.1	7	3.5
7	1.7	4	2.0
5	1.2	9	4.5
	N¹ 17 13 13 7	Afoxolaner N¹ % (n=415) 17 4.1 13 3.1 13 3.1 7 1.7	Afoxolaner Oral activ N¹ % (n=415) N² 17 4.1 25 13 3.1 2 13 3.1 7 7 1.7 4

Number of dogs in the afoxalaner treatment group with the identified abnormality.

*Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first In the US held study, one dog with a history of serures experienced a serure on the same day after receiving the first dose and on the same day after receiving the first dose and on the same day after receiving the second dose of NexGard. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of NexGard. The dog remained enrolled and completed the study. A third dog with a history of seizures received NexGard and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MSDS, contact Merial at 1-888-637-4251 or https://www.fda.gov/AnimalVeterinary/SafetyHealth.

**Refer & Advisor Company of the MSDS of the dose of

MODE of ACTION:
Aftoxlaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre-and post-synaptic transfer of chloride ions across cell membranes. Prolonged afroxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afroxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

Effectiveness:
In a well-controlled laboratory study, NexGard began to kill fleas four hours after initial administration and demonstrated >99% In a well-controlled laboratory study, NexGard began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NexGard demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was 2 93% effective at 12 hours post-infestation through Day 21, and on by 35. On Day 28, NexGard was 81 1% effective 12 hours post-infestation. Dogs in both the treated and control grougs that were infested with fleas on Day -1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NexGard treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively.

Collectively, the data from the three studies (two laboratory and one field) demonstrate that NexGard kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations. In well-controlled laboratory studies, NexGard demonstrated >97% effectiveness against *Dermacentor variabilis*. >94% effectiveness against *Abodes scapularis*, and >95% effectiveness against *Prophical Sanguines*. 48 hours post-infestation for offectiveness against *Aphylograma americanum* for 30 days. Arz spainst Aphylogram americanum for 30 days.

Animal Safety:

In a margin of safety study, NexGard was administered orally to 8 to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistries, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a simil incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NexGard was used concomitantly with other medications, such as vaccines, antibilities (including topicals), steroids, NSAIDS, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NexGard with other medications.

Storage Information:

Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

How Supplied:
NexGard is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 1, 3 or 6 beef-flavored chewables.

NADA 141-406, Approved by FDA

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FRONTLINE VET LABS



"Amantadine is not an analgesic by itself, so it's used in conjunction with other pain medications. It guiets the receptors and allows the other medications that are on board to work more effectively."

Disease-modifying agents

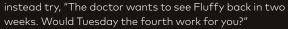
Despite pharmaceuticals targeting inflammation, providing pain relief and modulating neurophysiology, they do not alter the disease progression. As stated earlier, one goal is to slow the progression of arthritis and try to protect the joint cartilage, which is where disease-modifying supplements play a role. The earlier these are administered, the better the chance of modulating cartilage damage.

Common disease-modifying agents include glucosamine, chondroitin, omega-3 fatty acids, greenlipped muscles, avocado soybean unsaponifiables and injectable chondroprotectants such as polysulfated glycosaminoglycan (Adequan) and pentosan polysulfate sodium (Cartrophen [available in Canada and other countries]).



Remind yourself about reminders with this tip

From Dr. Sarah Wooten, Fetch dvm360 conference speaker and dvm360.com contributor: If you find that your clients are reticent to schedule recheck appointments at check-out, find out how your front staff is communicating to the clients. Are they making the recheck sound "optional" or "no big deal," all in an effort to the please the client? Forget phrases like, "The doctor recommends that you set up a recheck appointment. Would you like to do that now?" and instead try, "The doctor wants to see Flu



Plus, a word about millennials and phones: Even if they don't want to talk to you on the phone and they don't pick up, they will listen to your message and feel all warm and fuzzy that you called them to check on their pet or set up the next appointment. Yes, your staff may bitch and moan about being too busy to call clients, but recalling clients is an essential point of customer service and client retention, so get to it!

Nutrition

Weight loss is the single most important factor to help with reducing pain in overweight and arthritic patients. Achieving an ideal body weight is critical for maintaining joint health and slowing the progression of arthritis. Dr. Edwards explains that arthritis is an inflammatory disease by nature and obesity is a source of chronic inflammation. Adipocytes release hormones that have local and systemic effects. Increases in body condition scores are associated with an increase in inflammatory markers, which means that overweight patients are in a constant state of inflammation. She recommends the use of gram scales to measure feeding portions and encourages the use of food puzzles or games for mental stimulation.

Physical medicine options

"Physical medicine is all about supporting the body as it heals and restoring functional ability," Dr. Edwards says. She thinks a tailored rehabilitation program can reduce pain and inflammation, improve joint health and

mobility, maintain and improve muscle mass, improve proprioception and stimulate overall mental health and physical fitness. Physical medicine options for patients with arthritis and chronic pain include cryotherapy, thermotherapy, laser therapy, acupuncture, land-based treadmills, hydrotherapy and tailored exercise regimens. According to Dr. Edwards, low-intensity exercise can benefit patients by supporting the loss of fat versus muscle, increasing oxygen capacity and energy expenditure, improving joint and muscle function, improving stamina and reducing lameness.

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2. Johnson SA. Osteoarthritis. Joint anatomy, physiology, and pathobiology. Vet Clin North Am Small Anim Pract 27(4):1997;699-723.

Read more of Dr. Edwards' advice on managing this pernicious triad at dvm360. com/triad.



I helped my overworked, stressed-out, freaking-out self by creating a support group online for veterinarians and veterinary team members who feel the same way.

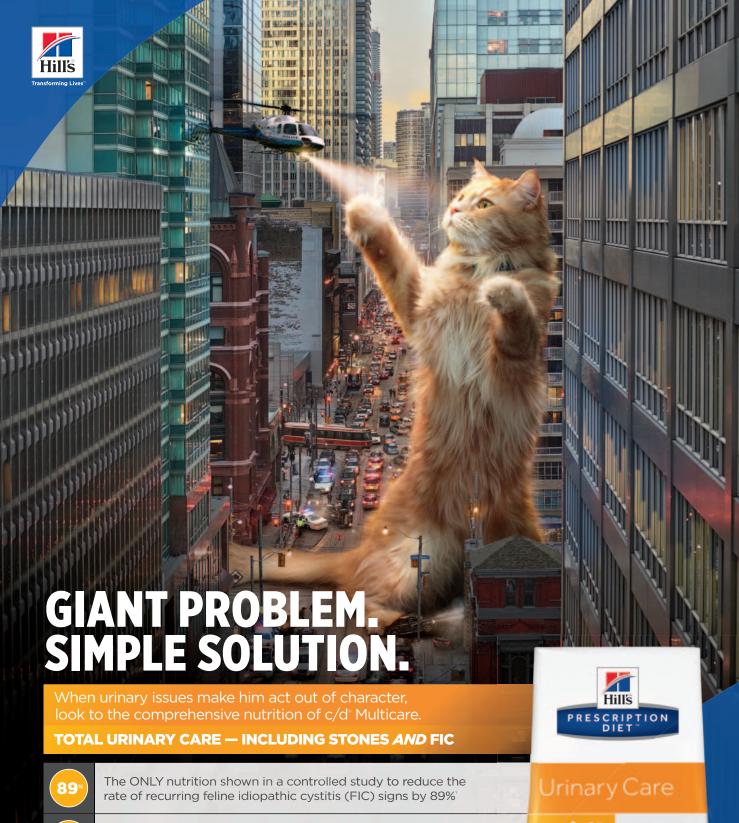
By Bree Montana, DVM

can't think of anything lonelier than feeling isolated in the middle of the treatment room of a busy hospital.

That's how I felt in the summer of 2010.

I live and work in a small resort town, so 70 percent of our annual income rages through the door from July to September. This is followed by spooky empty days stretching into months, until we once again pick up a flurry of business during the winter holidays.

I'm used to this rhythm and had always budgeted for the slow times. But in the summer of 2010 I was heading into high season having unexpectedly lost my full-time associate and running as fast as I could to cover the shifts the two of us had shared. We took emergencies till 10 p.m. every day and were open from 8 a.m. to 7 p.m. six days a week. Covering those shifts felt impossible. Let's be honest, it was impossible.







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It was crazy. I was crazy! I was so blinded by fear of financial failure and wanting to be there for everyone, I forgot to be there for myself. The economy was in tatters. My 6-year-old veterinary hospital and 2-year-old boarding and training facility supported 11 team members, my family of three and our farmload of pets. We made it through that summer and were able to squirrel away most of the money our teams would need for winter.

I could tell you that that summer taught me a lesson, but I'd be lying. I am far too stubborn to learn the easy way.

When summer was over, I put my head down to work even harder. I worked and missed my daughter. I worked and missed my husband. I worked and paid trainers to ride my horses. If you're thinking this sounds like a terrible plan, you're right. I almost ruined my health, my spirit and my family by struggling through it on my own.

Eventually, I looked for help, perhaps a colleague who could help me assess my situation. Instead, I looked around online and saw hundreds of other veterinarians just like me: self-sufficient, stubborn and afraid of being seen as flawed or weak.

So, I decided to make a change. I reached out to my colleagues on Veterinary Information Network (VIN). A few of us started talking about the kinds of support we

VIN Foundation resources mentioned in this article

Veterinarians and veterinary team members who need someone to talk to can reach Vets4Vets and Support4Support directly at vinfoundation.org/vets4vets.

Veterinarians and veterinary team members struggling with addictions of all kinds can email Vets in Recovery at vets4vets@vinfoundation.org.

wished we'd had during our darker moments, and from this, VIN Foundation's Vets4Vets program was born.

It was my slow time, and as part of my self-healing I decided to make my pain my purpose. Vets4Vets started small, simply offering an opportunity for veterinarians to reach out and speak with another veterinarian in a confidential and caring setting. We'd chat by email and phone, laughing through tears at the challenges, losses and frustrations we'd faced.

As the program grew, colleagues asked for a safe place for recovering addicts to meet in confidence, so we started VIN Foundation's Vets in Recovery. We brought psychotherapist Susan Cohen on board. Michele Gaspar, DVM, got a pastoral counseling degree and, bam, our program grew again.

Once we were confident in our ability to support veterinarians, Charlotte Waack, CVT, RVT, director of the Veterinary Support Personnel Network (VSPN), the VIN-affiliated community for veterinary support staff, pulled me aside to discuss staff members' needs, and Support4Support was born.

Vets4Vets has helped almost 500 veterinary professionals in the past year. We expect to help even more this year. The VIN Foundation, with donations from individual donors as well as grants, covers the costs, allowing us to extend an offer of help to every veterinarian, anywhere in the world, whether or not they are a VIN member.

I like to say, "You've got a problem, I'll make a program," and that's how Vets4Vets has grown from a tiny offering of an email and a kind word on VIN to a thriving online support group.

Bree Montana, DVM, is a small animal practitioner and owner of the Agate Bay Animal Hospital and Dog Gone Crazy boarding/training facilities in North Lake Tahoe, California. Dr. Montana will ness topics at Fetch dvm360

speak on wellness topics at Fetch dvm360 conferences in 2018. Visit fetchdvm360.com to learn more.



Unboxing feline interstitial cystitis

Inappropriate urination, straining, hematuria, loss of appetite, hiding. You want to blame the bladder, but it may just be collateral damage—an innocent victim of stress and a hyperexcitable nervous system. By Sarah J. Wooten, DVM of feline interstitial cystitis (FIC) cats with antibiotics and anti-inflammatories alone, then Julie Fischer, DVM, DACVIM, of Veterinary Specialty Hospital San Diego, says it's time to get with the program. What these cats need more than anything is MEMO (multimodal environmental modification), more water and dietary changes.

What is FIC anyway?

Sterile bladder inflammation is the single most common cause of lower urinary tract signs in cats, Dr. Fischer told attendees at a recent Fetch dvm360 conference. Tony Buffington, DVM, MS, PhD, DACVN, and Jodi Westropp, DVM, PhD, the gurus of all things lower urinary tract, have coined the term "Pandora's syndrome" to describe sensitization and upregulation of the feline stress response that's often most dramatically manifested in the urinary bladder. When a sensitized cat is put in a provocative environment, it ends up with the signs that constitute FIC.

FIC presents as waxing and waning lower urinary tract signs that occur alongside sickness behaviors in other systems, most commonly the gastrointestinal (GI) tract. The good news? The stressors that provoke these signs can be ameliorated by environmental modification and enrichment.

Yeah, but I gave the cat antibiotics and the problem went away

FIC is a self-limiting condition, Dr. Fischer says. Whether you prescribe antibiotics or the client gives the cat coconut oil, the problem will still go away. (And if the client makes the right manipulations in the environment and the cat likes the coconut oil, it's even more likely to subside.)

To put it another way, cats that suffer from FIC aren't predisposed to urinary tract infections (UTIs), Dr. Fischer says. Which ones are? Very young kittens, cats older than 10 with comorbidities that result in isosthenuria, immunocompromised cats and cats that have been previously catheterized or have polyuria. A 3-year-old male cat with hematuria that vocalizes when he's urinating is highly unlikely to have a UTI, and he doesn't need antibiotics. He needs to hunt and have an undisturbed litterbox experience.

As we all know, correlation is not causation, but it's tempting to draw conclusions when we give antibiotics, wait a few days and experience cessation of clinical signs. The struggle is real: Our patients can't tell us they're peeing blood because they're stressed from being bullied by the other cat, or bored to death, or so fat they can't groom properly, or so arthritic it hurts to move. But if we continue to throw antibiotics at FIC without addressing the underlying stressors that are causing sickness, we are harming, not helping.

Think about it. These cats are already stressed out, and now we want to stuff tablets or liquid down their throats a couple of times a day?

No. Just no. So what does work?

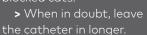
Did you get the MEMO?

Multimodal environmental modification, or MEMO, involves inventorying the cat's environment and identifying potential stressors. It's a key component of managing FIC in predisposed cats. Dr. Fischer says some owners actually like doing this, because they get to crawl around their house and think like a cat while they try to identify what represents a feline stress or threat.

After identifying the stressors, the client can then modify the environment

GOT PEE?

Here are
Dr.
Fischer's
top tips for
dealing with
blocked cats:



- > Do whatever it takes to increase the cat's water (enteral fluid) intake during hospitalization.
- > Reach for the 3.5-F catheter, not the 5-F catheter.
- > Use prazosin for urethral spasms, not phenoxybenzamine. It has a high margin of safety and doesn't taste bad, and powder in capsules can be eyeballed, divided into two to four doses, and mixed in food two to three times a day. The dose is 0.25 mg for small cats, 0.5 mg for large cats, two to three times a day.
- > Perform decompressive cystocentesis as soon as possible with a 25-ga needle.
- > Having a hard time with the tomcat catheter? Try using a peripheral intravenous catheter.
- > Still can't get the catheter in? Radiograph to make sure a stone isn't obstructing the urethra.

Dr. Wooten's two cents

When you see these cats in the clinic, have you ever thought about asking the client what her stress level is like? Anecdotally, I've found that an abnormally large number of my clients with FIC cats are also going through a fair amount of stress themselves. Sometimes, asking clients to focus their efforts on identifying and reducing their cat's stress raises their awareness of their own stress levels as well. Then they're prompted to do something about that, resulting in better quality of life for both cat and client. Happy cat, happier client. Which is what it's all about, right?

I also wonder how many women veterinarians are suffering from stress-related interstitial cystitis. Yeah, I know. You didn't expect an article about FIC to get so personal, but what if cats suffering from FIC are the proverbial canary in the coal mine, little angels sent to warn us of the systemic effects of chronic stress and remind us while we're treating them differently to do something kind for ourselves as well. Who knows? By shifting the mindset of how we approach cats with FIC, maybe we'll shift something in ourselves as well.

Open up the toolbox Get the free client handout on feline life stressors at dvm360.com/ stressedcat. Then check out antibiotic products at dvm360 .com/products/antibiotics

to make that cat's nervous system less hair-triggered. Ohio State has a good online reference available as part of the Indoor Pet Initiative that can walk you and your client through this process (visit indoorpet.osu. edu, then click on "For veterinarians" and "Environmental enrichment resources and references").

Food for thought

Nutrition is another important component of managing FIC. Urinary therapeutic diets, especially those with an anxiolytic component, have been shown to reduce the incidence of FIC. Increasing water intake helps speed resolution of signs during an episode and can help prevent future recurrences, Dr. Fischer says.

Pharmaceutical intervention

Dr. Fischer does not recommend amitriptyline for acute FIC; however, it may help prevent FIC with longterm use, so it's a possibility in cases that are refractory to MEMO and nutritional management. If you do use it, make sure to counsel your client on the potential adverse effects. When it comes to pain management, Dr. Fischer thinks it's important to provide analgesia for cats with acute flare-ups of FIC, especially those with obstructive idiopathic cystitis. Buprenorphine is

> Dr. Sarah Wooten divides her professional time between small animal practice in Greeley, Colorado; public speaking on associate issues, leadership and client communication; and

writing. She enjoys camping with her family, skiing, SCUBA and participating in triathlons.

one good choice because sublingual administration of small volumes is less stressful for most cats than giving oral tablets or liquids. Another option is gabapentin, which has broad application for management of neurogenic pain (which we know plays a big role in FIC), though there are no specific data supporting its use here.

What about prednisone? No dice. Prednisone has been shown to be equal to placebo in a study.² Don't give steroids for FIC.

References

- 1. Kruger JM, Lulich JP, MacLeay J, et al. Comparison of foods with differing nutritional profiles for long-term management of acute nonobstructive idiopathic cystitis in cats. J Am Vet Med Assoc 2015 Sep 1;247(5):508-517.
- 2. Osborne CA, Kruger JM, Lulich JP, et al. Prednisolone therapy of idiopathic feline lower urinary tract disease: a double-blind clinical study. Vet Clin North Am Small Anim Pract 1996;26(3):563-569.



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Editor's note: Find more companies like these at **marketplace.dvm360.com**. Have a favorite that we didn't mention? Tell us who your direct booking BFF is by sending us an email at **dvm360@ubm.com**.





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Hospital design



of Animal Arts in Boulder, Colorado, couldn't agree more. We sat down with her to see what she found especially special about this specialty hospital. Here's what she pointed out.

Let's take it from the top—or, rather, outside. Lewis notes the glass surrounding the hospital and how much safer it makes a hospital. With glass, she says, you can see what's coming. That's a good thing—especially at night when there aren't many people around.





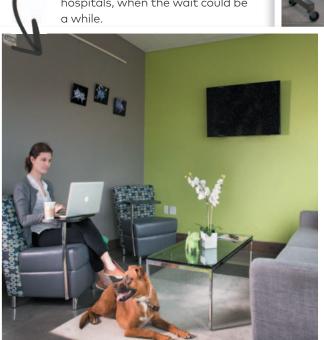
These cashier stations and the receptionist desk have many desirable qualities, according to Lewis. For one, Wheat Ridge has paid attention to the small details with aspects like leash hooks. The hooks allow pet owners to use both hands without worrying about their dog bolting or tangling them up. It's a small bit of efficiency that goes a long way, Lewis says.

Besides the leash hooks, there are other aspects that Lewis points out as wins. There is privacy for each person checking in and out, as well as a good use of space.

Natural light in the surgery suites

brightens moods and creates a nice environment with ample brightness that makes it easy to see, Lewis says. Editor's note: This photo is staged and does not reflect the surgery protocol at Wheat Ridge Animal Hospital

When pet owners enter Wheat Ridge's long-term waiting area, they can sit down, plug in and relax while their pet is being taken care of. Lewis says that this is especially nice for emergency and specialty hospitals, when the wait could be a while.



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HELPFUL STUFF

High five for the hand test

Discussing pets' body condition with clients can be a frustrating task. Whether the patient in question is underweight or tipping the scales a little too much, Fetch dvm360 conference speaker Sarah Wooten, DVM, has a practical demonstration that will help pet owners get an accurate understanding of condition, "especially for visual and tactile learners."

How does it work? In this video Dr. Wooten explains the method of comparing a dog's ribs to portions of

your own hand to determine condition: Back of hand (optimum), knuckles (underweight)

and palm (overweight).

Scan the code to watch Dr. Wooten explain the hand test.





Clients don't know what they don't know. Help them out with these prewritten posts and tweets about common toxicology woes and prevent their pets from getting into things they shouldn't. Simply copy and paste to your social media accounts.

Find toxicology posts and tweets (and TONS more) at dvm360.com/postnow.

Snag that second date

You've called, emailed and texted, and you've gotten zero response. You've even gone retro and sent a postcard, but clients still aren't booking their next appointments. Frankly, both you and your clients are getting irritated by all of the reminders. You need a different approach—something that actually brings them into the clinic—namely, forward booking.

Reminders just can't beat forward booking at getting clients to return to your practice in a timely manner. Why? Because reminders are much easier to ignore than an appointment that's already on the schedule.

In my experience, forward booking is much more successful when the doctor makes the suggestion in the exam room (instead of leaving that task to the receptionist at the front desk). When the veterinarian says, "This is important and I don't want it overlooked, so let's make an appointment for six months from now," compliance skyrockets.

A bonus: Scheduling the next appointment in the exam room also shortens checkout times. Dental practices tend to schedule future appointments while the patient is still in the chair. It's extremely effective and, over time, forward booking becomes a habit that creates healthy, lasting relationships.

-Tracy Sheffield, BS, LVT, CVPM







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Think like a cat owner

From considerations of environment to handling choices, the staff at your clinic puts a lot of thought into catering to feline patients. But don't forget about their owners. At a meeting of the Veterinary Hospital Managers Association we met with Melissa Tompkins, BS, CVPM, who told us they take note of even seemingly small details like the pictures on your literature.

"I can't tell you how many marketing departments I had to talk to and explain, please send me just the cat one, because cat owners don't necessarily want to see the dog on their brochure," she says.

Want more expert advice? Go to dvm360.com/think.

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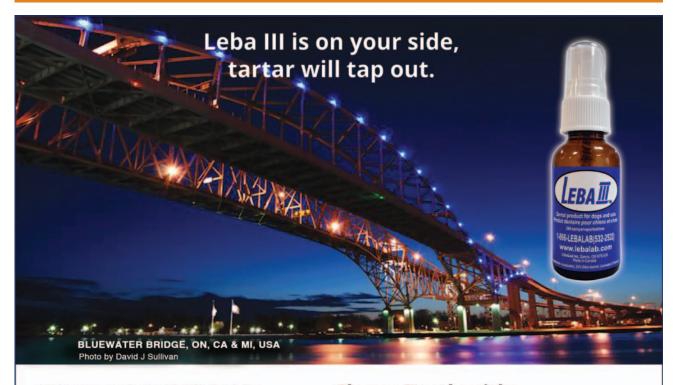
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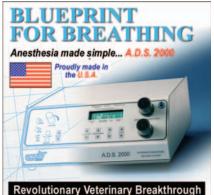
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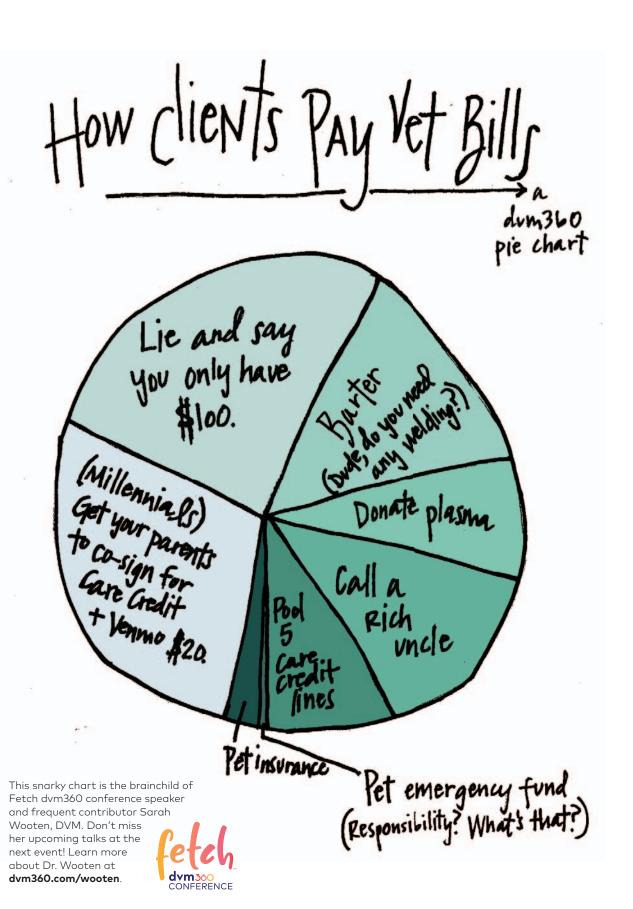
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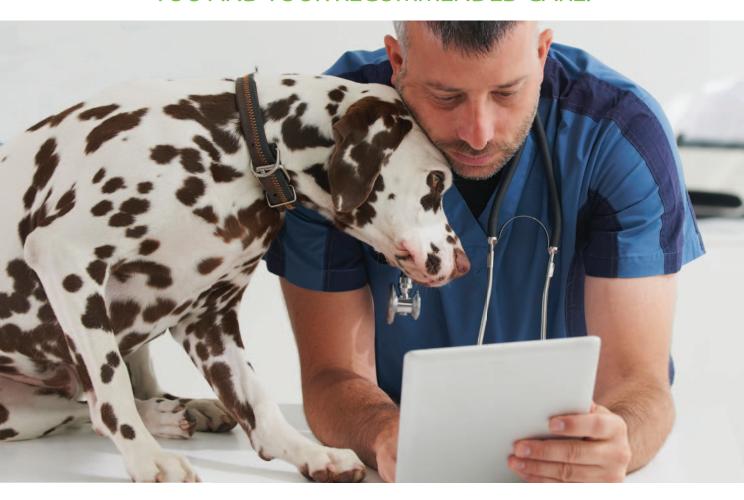
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