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UBM



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See more on taking the pulse of veterinarians' mental health, starting on page 136.

Probing the link between veterinarians' SUICIDE RISK AND PERFORMING EUTHANASIA

Why they did it

Performing euthanasia has been implicated as a contributing factor to mood disorders and suicide among veterinarians. This study's authors sought to investigate the association between euthanasia, depression and suicide risk among practicing veterinarians.

What they did

The researchers surveyed 540 practicing veterinarians in Australia ranging in age from 23 to 74 years old. Among those surveyed, approximately 64% were women, 61% were small-animal practitioners and 71% practiced in average income areas. Depression and suicide risk assessments were based on validated, self-report questionnaires. Veterinarians were asked to note how many times they performed euthanasia, on average, over the past 12 months and how many were requested for reasons they did not agree with (objectionable euthanasia).



This "Journal Scan" summary was contributed by Jennifer L. Garcia, DVM, DACVIM, a veterinary internal medicine specialist at Sugar Land Veterinary Specialists & Emergency Care in Houston, Texas.

What they found

The study's authors found gender was not a significant predictor of suicide risk. However, the practice area's socioeconomic status (SES) was a significant factor in suicide risk. Veterinarians practicing in low-SES areas experienced a suicide risk (44.3%) almost double that



of veterinarians practicing in average-SES areas (28.5%). They were almost four times more likely to have an increased risk of suicide compared with those in high-SES areas (11.3%). Additionally, veterinarians who had been practicing longer were found to be less depressed compared with those with less time since graduation ($P < 0.01$).

Overall, the researchers found a weak association between depression, suicide risk, and the frequency of euthanasia ($P < 0.01$). The results suggest there are other factors contributing to the mental well-being of veterinarians. Notably, the authors found "that a greater number of euthanasia procedures performed appeared to attenuate the relationship between depressed mood and the odds of suicide risk" and administering objectionable euthanasia did not impact depressed mood or suicide risk.

The authors propose that while "euthanasia frequency was only related to 1% of the variation in depression," these study results may indicate veterinarians are successful at implementing strategies (e.g. emotional distancing) that protect them from euthanasia's negative effects.

The researchers note these results should be interpreted with caution since causation could not be conclusively determined, and individual veterinarian characteristics may affect the results.

Take-home message

The relationship between euthanasia, depression and suicide risk among veterinarians is complex and further studies are warranted, which may elucidate triggers or risk predictors.

Tran L, Crane MF, Phillips JK. The distinct role of performing euthanasia on depression and suicide in veterinarians. *J Occup Health Psychol* 2014;19(2):123-132.



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That lump? It's malignant. How do you break it to your clients? Go to dvm360.com/badnewsvideo for this video from veterinary oncologist Dr. Laura Garrett that teaches you four core skills to help you deliver upsetting news.



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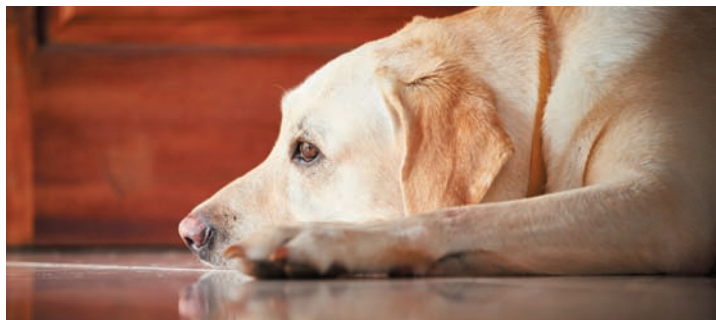
Help your clients take these steps to eliminate home destruction and, more important, canine anxiety when they leave their dogs at home alone. *By John Ciribassi, DVM, DACVB*

The goal of treating separation anxiety is to reduce a dog's dependence on its owners. This can be accomplished with a variety of behavior modification activities often in conjunction with antianxiety drugs.

BEHAVIOR MODIFICATION POINTERS

Attention-seeking behavior

Owners should not respond in any way to a pet's attempts to get attention from them by such behaviors as barking, whining, jumping up and pawing. They should not look at, talk to or touch the dog at times when it is exhibiting these attention-seeking behaviors. Warn owners to expect the behavior to initially get worse and more physical.



Departure routine

Have the owners ignore the dog for 30 minutes before leaving the house. This is meant to prevent inadvertent reinforcement of anxious behavior as they prepare to leave. About five to 10 minutes before departure, the owners can give a toy stuffed with a treat to distract the dog away from the act of the owners departing from the home.

Arrival routine

The underlying directive here is for the owners to ignore the dog upon arrival until it is relaxed.

They should not interact with or even acknowledge the dog.

Use of punishment

The owners should not use physical or verbal punishment in response to destructive behavior or elimination. These behaviors are clinical signs of anxiety, so punishment, especially after the fact, will increase the dog's anxiety level.

Uncoupling departure cues

This process is essentially habituation, or consistent exposure



Online tool

Help your clients spot the signs of separation anxiety by copying the handout on page 125 or downloading it at dvm360.com/anxietyhandout.

Home alone: Signs of separation anxiety in *your* dog

Does your dog resort to annoying or even destructive behaviors when you leave the house? If so, it may have a condition known as separation anxiety, meaning that your dog gets extremely nervous when you are away and often finds an inappropriate outlet for that anxiety. Look out for these signs:

Barking or whining. This vocal sign begins soon before or after departure and persists for a large percentage of the time your dog is alone. Your neighbors will definitely let you know if this behavior is occurring.

Inappropriate elimination. Your dog deposits its urine, stools or both in various locations around your home, as opposed to in a single, consistent location. This behavior only occurs when your dog is alone or perceives that it is alone.

Destructive behavior. This behavior is characterized by damage to exit points from your home such as doors and windows or destruction of personal items such as pillows, clothing and remote control

units. Confining your dog to a cage often escalates the destruction and can result in your dog injuring itself (e.g. its teeth or toenails).

Excessive salivation. This behavior is often considered to be highly suggestive of separation anxiety when the behavior is restricted to those times when your dog is alone or perceives that it is alone.

How do you know when your dog is exhibiting these signs? After all, they happen when you're not home. Well there is circumstantial evidence of signs of destruction, elimination or drooling. But even better is video evidence. A picture may be worth a thousand words, but a video is worth a million, at least to a veterinary behaviorist. Use your tablet, your phone or your laptop to get video, or use an online service such as Dropcam or Facetime.

If your dog is exhibiting any of these behaviors when you are away, schedule a visit with your veterinarian. He or she can help you curb or completely eliminate your dog's anxiety with behavior exercises, often in conjunction with antianxiety medications.

*Information provided
by John Ciribassi, DVM,
DACVB, Chicagoland
Veterinary Behavior
Consultants, Carol
Stream, Illinois.*



SEPARATION anxiety

to a stimulus such that it no longer elicits the response. The owners should make a list of activities they perform before leaving home that signal they are leaving and result in the dog getting more and more anxious. Have the owners perform these activities when they have no intention of leaving the home so there is less of an association with the impending departure.

Indoor relaxation exercises

Have the owners train the dog to assume a calm, relaxed behavior during gradually increasing periods of separation. This exercise is commonly done when moving casually from room to room. It often helps to have a dog bed or mat that the dog is comfortable lying on.

The owners begin by moving a short distance from the dog and then returning and rewarding it with attention or a treat. They should repeat this distance until it is clear that the dog is very relaxed and then gradually increase the distance until the owners are near the exit of the room. Again, each step should be repeated until the dog is clearly comfortable with each level of departure.

Finally, once the owners can go out of sight of the dog, they can gradually increase the time that they are not in sight of the dog in the same way they were increasing distance. The owners

should never force the dog to remain behind when they leave the room if they have not worked up to that level of departure.

Graduated departure exercises

Have the owners train the dog to assume calm, relaxed behavior during gradually increasing periods of separation as they leave the home. Because this can be a very slow process, and because the owners will likely need to leave the home for longer periods before the dog is ready (thus disrupting the desensitization process), they may need a “bridge” cue to signal “safe” departures. This involves using a signal, cue or marker so that the dog realizes that these practice departures are just that—only practice and not the real thing.

Thus, each time the owners are doing practice departures, they can use an associated cue or marker to signal this fact and then, once they have worked up practice departures to a time frame of around one to two hours (during which most dogs with separation anxiety typically have issues), they can then use the cue during actual departures to function to “bridge” from practice to actual departures. Typical bridge markers can be olfactory (a unique scent such as a new air freshener that can be sprayed at the outset of each training session), auditory (the sound of a clicker, for ex-

ample) or visual (a certain light used only during training).

Exercise

Consistent exercise in the form of walks and play can reduce anxiety by decreasing the dog’s focus on the owners’ departure from the home.

ANXIOLYTICS

The judicious use of medication can decrease a dog’s overall anxiety level and enable it to respond better to the behavioral tasks just outlined.

Clomipramine

This tricyclic antidepressant (TCA) primarily elevates serotonin and norepinephrine concentrations in the synaptic cleft of brain neuropathways. The initial dose range in my practice is 1 to 4 mg/kg bid. This dose is higher than the label dose, but it is not uncommon to use doses higher than label recommendations to get a satisfactory response. As always, start at the lower end of the dose range and wean upward to the desired effect.

Allow at least two to four weeks for the onset of action before making dose adjustments. Sedation and anorexia are common. Increased anxiety, aggression and hepatic disturbances are less common. Clomipramine can also lower the seizure threshold in dogs with a previous history of seizures.



Hear all about it!

Listen to Dr. Ciribassi list the signs of separation anxiety and their differential diagnoses by scanning the QR code below or by visiting dvm360.com/CVCSepAnxiety.



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See brief summary on page 128

Metacam® (meloxicam)

1.5 mg/mL Oral Suspension (equivalent to 0.05 mg per drop)

0.5 mg/mL Oral Suspension (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 milliliter of Metacam Oral Suspension contains meloxicam equivalent to 0.5 mg/mL or 1.5 mg/mL and sodium benzoate (1.5 milligrams) as a preservative. The chemical name for Meloxicam is 4-Hydroxy-2-methyl-N-(5-methyl-2-thiazolyl)-2H-1,2-benzothiazine-3-carboxamide-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 and periodically during administration. Owner should be advised to observe their dog for signs of potential drug toxicity and should 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, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal, renal and hepatic toxicity. Sensitivity to drug-associated adverse events varies with the individual patient. Dogs that have experienced adverse reactions from one NSAID may experience adverse reactions from another NSAID. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with 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 administration of the total daily dose of Metacam Oral Suspension, a non-NSAID or non-corticosteroid class of 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 in dogs. The use of concomitantly protein-bound drugs with Metacam Oral Suspension has not been studied in dogs. Commonly used protein-bound drugs include cardiac, anticonvulsant and behavioral medications. The influence of concomitant 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.¹ 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, 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 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 should 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, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral 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 of the importance of periodic follow up for all dogs during administration of any NSAID.

Effectiveness: The effectiveness of meloxicam was demonstrated in two field studies involving a total of 277 dogs representing various breeds, between six months and sixteen years of age, all diagnosed with osteoarthritis. Both of the placebo-controlled, masked studies were conducted for 14 days. All dogs received 0.2 mg/kg 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 clinical improvement with statistical significance after 14 days of meloxicam treatment for all parameters. In the second field study (n=48), dogs receiving meloxicam showed a clinical improvement after 14 days of therapy for all parameters; however, statistical significance was demonstrated only for the overall investigator evaluation on day 7, and for the owner evaluation on day 14.¹

Reference: 1. FOI for NADA 141-213 (Metacam® (meloxicam) 0.5 mg/mL and 1.5 mg/mL Oral Suspension).

Manufactured for:

Boehringer Ingelheim Vetmedica, Inc.

St. Joseph, MO 64506 U.S.A.

US Patent 6,184,220

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SEPARATION anxiety

Perform a complete blood count (CBC), serum chemistry profile and thyroid panel before starting treatment. Repeat the CBC and serum chemistry profile about four to six weeks after treatment has been initiated. Once the signs of separation anxiety have demonstrated significant improvement, allow an additional two to three months and then begin weaning the dog from the drug by decreasing the dose by 25 percent every three to four weeks until the dog is safely off the medication or when clinical signs return. If signs recur, return to the previously effective dose.

Fluoxetine

Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) that affects serotonin only, not other neurotransmitters. The dose is 1 to 2 mg/kg once a day. Allow at least six to eight weeks for the onset of action. Sedation and anorexia are common side effects. Increased anxiety, aggression and hepatic disturbances are less common.

The monitoring and weaning process are similar to that of clomipramine. Perform a complete blood count (CBC), serum chemistry profile and thyroid panel before starting treatment. Repeat the CBC and serum chemistry profile four weeks after treatment has been initiated. Once the signs of separation anxiety have demonstrated significant improvement, allow an additional two to three months, and then begin weaning the dog from the drug by decreasing the dose by 25 percent every three to four weeks until the dog is safely off the medication or when clinical signs return. If signs recur, return to the previously effective dose.

Benzodiazepines

Benodiazepines such as diazepam, alprazolam and clorazepate are typically used in dogs with separation anxiety to treat panic behavior seen at time of departure to help ease the transition. All have a short onset and short half-lives and are used in conjunction with TCAs and SSRIs.

Trazodone

Trazodone is a serotonin agonist at the 5HT1A receptor and a weak serotonin reuptake inhibitor. It is unclear which of these effects is responsible for the reduction in

anxiety that occurs with its use. The dose is 1 to 3 mg/kg either as needed or up to three times a day. Begin at the low end of the dose range for three days, and then increase the dose gradually as needed.

Trazodone can be used along with an SSRI or a TCA, but be sure to monitor for possible side effects, which include drowsiness, nausea and vomiting, headache and dry mouth, dizziness, constipation and urinary retention. Hypotension, tachycardia, syncope and arrhythmias can also occur.

Initiating therapy at the low end of the dose range for three doses and then gradually weaning up the dose can help minimize the impact of these side effects. Trazodone can be given as needed, one to two hours before departure or up to three times a day. Do not exceed about 16 mg/kg total daily dose.

FACTORS AFFECTING OUTCOME

The older the patient at the time of onset or presentation, the poorer the prognosis. Multiple behavioral diagnoses will

decrease the prognosis. Success relies on the owners' ability to follow through on recommendations and administer the medication as well as the patient's response to that medication. Also consider quality of life issues for the owner, the damage done to property and whether relations with neighbors are being affected when determining a prognosis. **VM**

*John Ciribassi, DVM, DACVB
Chicagoland Veterinary Behavior
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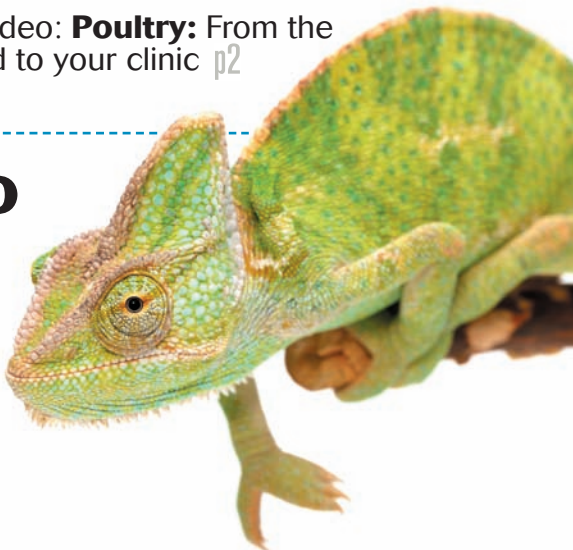
6 tips for your clients with backyard chickens

PLUS Video: **Poultry:** From the backyard to your clinic p2

How-to tool:

A DIY tourniquet for exotic patients p4

PLUS



A special monthly package designed to help boost client compliance and make it easy for your team to educate pet owners about regular pet wellness care.

TOOLS Video

>> Exotic pets: What's to know? How to prepare yourself and your team for exotic patients

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- >> How to find a healthy ferret

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- >> Boarding exotic pets for better business

p8

6 tips for your clients with backyard chickens

These gentle birds are a great way to start with avian species.

Chickens make wonderful avian patients, says Tracey Ritzman, DVM, DABVP (avian and exotic mammals), a practitioner in Michigan who spoke at CVC San Diego in December 2014. In fact, veterinarians who want to start seeing more birds could do worse than to start with chickens.

“Chickens are gentle,” Ritzman told a room full of veterinarians. “They’re not aggressive, they’ll sit still on the table if they have good footing, and they’re easier to handle than other birds, such as parrots.”

Chances are that with the urban poultry trend continuing to climb, you probably already have a number of clients who have these birds roaming their yards. Here are some basic tips you can offer them, even if you end up referring these patients to an avian veterinarian nearby.

1 Chickens need to forage

In addition to providing needed nutrients, foraging is normal



behavior for chickens. If they can’t engage in this behavior, “they get a little wacky,” Dr. Ritzman says. Owners can allow chickens to forage by using moveable housing that can be placed in different locations around the yard.

2 It’s normal for egg production to drop

Clients may mention that their hens aren’t laying as many eggs as they did initially, and they may think this indicates a health problem. Barring ab-

Find it ALL here...

To watch the video below, go to
dvm360.com/exoticpetcare.



EXOTIC PET CARE

normal exam findings, you can reassure these owners that it's normal for a hen's egg laying to decrease as her age increases.

3 Chicks will tell you if they're comfortable

Young chicks under a heat lamp have very specific temperature requirements, Dr. Ritzman says, and they'll react to incorrect heat levels in specific ways. If they're too warm, they'll disperse around the periphery of their enclosure, as far away from the lamp as they can get. If they're too cold, they'll huddle underneath the lamp in a clump. And if the temperature is just right, they'll be distributed evenly throughout the enclosure. Owners who notice anything other than this even dispersal can adjust the heat level accordingly.

4 A mister helps keep chickens cool in high temperatures

Dr. Ritzman told her audience that chickens can experience heat distress and even death at temperatures above 95 degrees F. One CVC attendee, a veterinarian from Tucson, Arizona, told fellow veterinarians that a mister is a great way to help chickens keep cool in high temperatures. Covering food and bedding with a metal roof can help prevent moisture-related fungal growth that can be harmful to the birds, he added.

5 Salmonellosis is a serious concern

U.S. outbreaks of salmonellosis in the fall of 2014 were linked to backyard poultry flocks whose birds all originated with the same mail order hatchery,

Dr. Ritzman said. The disease can cause serious disease and death, and clients need to take precautions. It's not recommended that children under the age of 5, along with elderly or immunocompromised people, handle chicks or raw eggs, Ritzman said. The U.S. Centers for Disease Control has created educational resources for backyard poultry owners.

6 Diet affects stinkiness of manure

A veterinarian in Dr. Ritzman's CVC audience—one who owned a few backyard chickens himself—mentioned that you can “be a better neighbor” by feeding vegetarian-based feed (which is formulated to meet birds' dietary protein needs as effectively as animal-based feed). It's far less stinky, he says.

POULTRY: FROM THE BACKYARD TO YOUR CLINIC

Backyard poultry is gaining in popularity and avian veterinarians aren't the only ones seeing more of these species in their practices. Follow this advice from Eric Klaphake, DVM, DACZM, DABVP, to expand your expertise in this area of avian medicine.



Scan the QR code with your mobile device to watch the video now.





How-to tool:

A tourniquet for exotic pets

Create a tiny tourniquet for delicate patients with this step-by-step tutorial using items from a craft store.

We were looking for a small limb tourniquet for ferrets, guinea pigs, small reptiles, and birds. The standard ones made for dogs and cats are too big, and rubber bands and hemostats are either too tight or not tight enough. While shopping at a local craft store, we found some inexpensive waterproof materials that we used to make tiny tourniquets.

Supplies

- 2-mm rubber cording (Stretch Magic Silkies Necklace—Pepperell Crafts); I found these in the jewelry-making section (*Figure 1*). A package of six cords costs about \$5.
- Plastic cord stops (single hole) for drawstrings on garments; I found these in the sewing section. A package of two costs about \$2.30.
- 2-mm-thick craft foam; I purchased a 9 x 12-inch sheet for \$0.75.

Instructions

>> Cut the clasp ends off the rubber cording, and cut the cording into two pieces. Insert the ends of one piece into the hole of the cord stop (*Figure 2*). Insert the ends of the other piece into another cord stop to make a second tourniquet.

>> For delicate skin (e.g. birds, geckos), we made a foam doughnut to put between the leg and plastic cord stop. Cut a small round piece of foam about 1.5 cm in diameter, and use a hole punch to create a center hole (*Figure 3*). Place the foam doughnut over the looped end of the rubber cording, and apply to the leg (*Figure 4*).

—Dr. Laura Wade, DABVP (avian practice)
Lancaster, New York



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EXOTIC PET CARE

Exotic pets: What's to know?



Think you've got exotics covered? Whether you treat exotic pets or refer cases, it's likely you'll face a question or two. Here are tips to help you help potential clients.

Know your exotic pets

When a client comes in with their rat that has a lump—don't let it freak you (or your team) out—use the tips provided by exotic veterinarian Lori Corriveau, DVM. Here she talks about the common mistakes veterinarians and their team members can sometimes make with the unexpected exotic patient, and how to avoid these pitfalls for good.



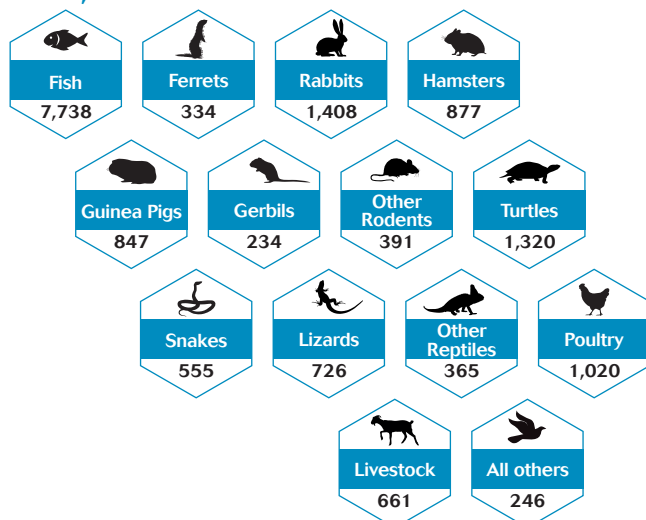
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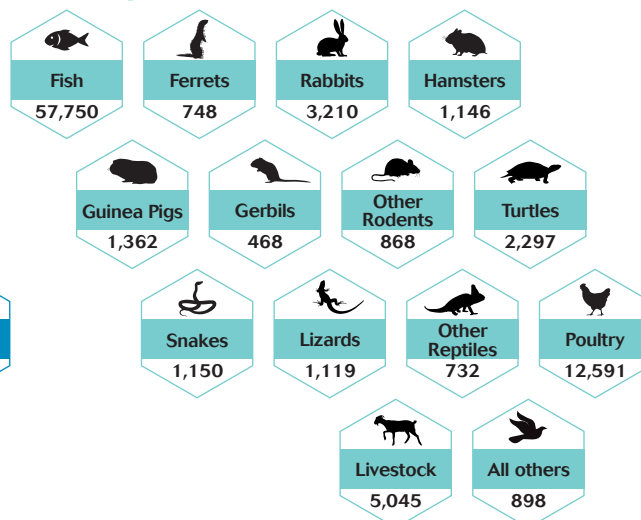


DATA FROM THE AVMA: U.S. pet ownership of specialty and exotic animals—more than you think!

Number of U.S. households (in 1,000s) that own ...



Number (in 1,000s) of these exotic pets in the U.S.





Caring for exotic pets

Offer this important exotic pet care information to your clients who own an exotic pet or are considering a new member of the family.

WELCOMING your new bird home

FROM YOUR VETERINARIAN

Preparing for the big day

Once you decide what kind of bird you'll adopt, pick out a comfy home for your feathered friend, including a variety of toys and plenty of toys. Birds love to be near the action, so set up his home in a quiet place where he can see and hear everything that's going on. Birds love to be near the action, so set up his home in a quiet place where he can see and hear everything that's going on.

Why choose FERRETS AS PETS?

FROM YOUR VETERINARIAN

Are you looking for an energetic pet who fits in a small space? Then a ferret is just what you need. Ferrets are small, sleek, and full of energy. They are also very intelligent and can be trained to do a variety of tricks. Ferrets are also very loyal and will form a strong bond with their owners.

Choosing a cage for your bird

FROM YOUR VETERINARIAN

Here are a few things to keep in mind to make sure your bird's new home is safe for her and comfortable for you.

Spreading her wings

Pick the largest cage that's appropriate for your bird. A good guideline: The cage's length and width should be at least one and a half times the bird's wingspan. Whether your bird's habits include flapping, perching, or scaling the steep slope of her cage, she'll appreciate the elbow room, and you won't want to damage her feathers or risk a serious plumage problem.

Choosing a healthy ferret

FROM YOUR VETERINARIAN

Bright eyes and a whiskered nose

Healthy ferrets gaze at the world through bright shiny eyes clear of discharge. Their whiskered noses are dry, and their ears are clean and free of debris. A pet who coughs, sneezes, or sports a runny nose or leaky eyes may just be suffering from the common cold—or his symptoms may signal a more serious condition, such as human influenza or distemper.

Healthy input and output

Although not the most pleasant part of a ferret, his anal area provides great clues to his internal health. Check for wetness around the tail and examine the cage for signs of diarrhea or soft, bloody or greenish stools—these signs could indicate a serious problem.

A winning personality

Ferrets are naturally curious and playful, so they might march right up and introduce themselves. But even harmful pets should comfortably interact with people after a few minutes. Take time to play, and choose a ferret who is alert and active.

Where to get a ferret

The most common place to buy a ferret is a reputable pet store. Large-scale breeders supply most pet-store ferrets, and these pets usually are spayed or neutered. Some are doctored, but you will notice a slight musky odor. You may find a smaller ferret breeder who usually doesn't offer a

Choosing a healthy rabbit

FROM YOUR VETERINARIAN

Those gentle pets are so irresistible. They'll be hard-pressed to find a bunny you don't want to bring home. But it's important to take a close look at their eyes, ears, nose, teeth, and even their bottom to make sure your new pet is healthy.

Healthy input—and output

Healthy rabbits are alert, active, curious, playful and friendly. Bright eyes, a dry nose, and drooping ears—that's the bunny for you. Be sure to find your perfect pet.

Healthy input—and output

Healthy rabbits are alert, active, curious, playful and friendly. Bright eyes, a dry nose, and drooping ears—that's the bunny for you. Be sure to find your perfect pet.

Exotics info

Find all these handouts by visiting **dvm360.com/exoticpet-care**. And find many more client handouts in the exotics section of the dvm360 Forms Center at **dvm360.com/forms**.

EXPERT TIP

Post animal care videos to your hospital's YouTube page with a link to your website. One video on syringe feeding a rabbit can come in handy when panicky clients call late at night, too distraught to remember what they saw at the hospital.



EXOTIC PET CARE

Q&A: I'm ready to work on exotic pets! *Where do I start?*

Dip your toe in exotics with these first steps to help care for pets that are less common—but no less lovable.

Laurie Hess, DVM, DABVP (Avian)

Like any other service your hospital offers, exotic pet care—whether birds, small mammals, reptiles, amphibians, wildlife or uncommon species (hedgehogs, pot-bellied pigs, sugar gliders, prairie dogs)—will only be worth it if you can charge appropriately for it. And the way to feel justified charging for exotic pet services is to spend time studying bird and exotic animal diseases and treatment and to acquire basic equipment to diagnose and treat these pets. Of course, the amount you spend on equipment will be proportional to the depth of exotic pet care you aim to provide, but here's some basic equipment you'll need:

- > Small syringes (insulin- and tuberculin-sized) with small needles (33- and 25-gauge, respectively)
- > Microtainer tubes and microhematocrit tubes for blood collection (available from most veterinary laboratories)
- > A microcentrifuge to spin down microtainer tubes
- > A scale that weighs in grams
- > Support from a veterinary laboratory that tests small blood samples from exotic pets
- > A microscope and Gram stain
- > An infant-sized stethoscope
- > A heated cage to provide oxygen and nebulized drugs with narrow bar spacing or a Plexiglas enclosure to prevent escape of small exotic pets
- > Small-gauge intravenous catheters, endotracheal tubes and masks to deliver anesthesia and



oxygen

- > Metal gavage feeding tubes: curved for birds and straight for reptiles
- > An infusion pump that can deliver fractions of a milliliter of fluid per minute
- > A variety of towels, from washcloths to bath-sized, to restrain pets
- > A nearby pharmacy that can compound drugs into small volumes

Once you've set yourself up with basic equipment and have a general knowledge of bird and exotic pet diseases and treatment, it's a matter of time and practice to make exotic pet services profitable. For reference, I've been treating solely birds and exotics for 18 years and now have an active client base of about 3,500 exotic pet owners. Depending on the species I'm treating, my average transaction fee is about \$375. So, done correctly, exotic pets can be quite profitable.



SEO success story

Dr. Hess offers up her tips for better SEO—a must if you see exotics—in this video. Scan the QR code to watch now or find it at dvm360.com/exotic-petcare.





Specializing in **exotics**

Lorelei Tibbetts, LVT, VTS (Clinical Practice—Exotic Companion Animal), is practice manager and director of nursing at The Center for Avian and Exotic Medicine in New York City.

Everyone knows that chocolate and lilies can kill cats, but did you know overheating non-stick cookware can kill a bird? Each exotic species has unique traits. This can make working with exotics a challenging—and amazing—job.

We've watched technicians' roles grow to include discussing treatment plans and payment options, placing catheters, collecting samples, administering medication, monitoring surgical patients, positioning patients for radiology and communicating with clients constantly. This can be taxing on the most qualified dog and cat technician. Now, imagine that instead of just a couple species, there were many more species

that required these services, each with dramatically different anatomy, physiology and medical needs. Exciting, right?

Clients want to know their pets are receiving special-

ized care. We owe it to pets to have the most highly qualified technicians. This elevates our level of care and maintains high standards in our profession. That's why I specialized.

Why specialize in exotic companion animals?

"One of the newest specialties available for technicians is the Academy of Veterinary Technicians in Clinical Practice, which has three categories: Canine/Feline, Production Animal and Exotic Companion Animal (ECA). As a founding member on the ECA team of the specialty, I saw the growing need for exotic pet technicians to become specialized to meet the demand exotic pet owners expect from their veterinary team."

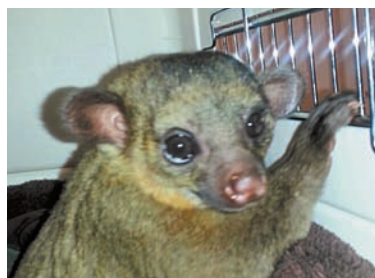


—Lorelei Tibbetts, LVT, VTS

One more tip

Boarding exotics for **better business**

Even if you don't normally offer veterinary care for exotics, you can board them. You can offer your clients reliable caretakers who will closely watch their pets and



intervene on their behalf if a problem arises. Exotic pet boarding is an easy service to offer for most species as long as owners provide all supplies and bring enough

food to last the entire visit. Problems usually occur when there is an abrupt change in the pet's routine or the type of food offered (e.g., when food runs out and is replaced with a different brand), or when subtle signs go unnoticed (e.g. no new droppings for several days). Make sure your staff learns to properly set up cages and keep them clean. Most exotic pets are natural prey for carnivores. Keep your birds and other exotics from line of sight with dogs and cats. If possible, house them in a warm, quiet section of the hospital, away from dog and cat noise and odors.

—Dan Johnson, DVM, DABVP

Scrotal castration *versus* prescrotal castration in dogs

Is the scrotal castration technique as safe and efficient as the commonly taught prescrotal technique? The results of this study might surprise you.

By Kimberly Woodruff, DVM, MS; Karla Rigdon-Brestle, DVM; Philip A. Bushby, DVM, MS, DACVS; Robert Wills, DVM, PhD, DACVPM; and Carla Huston, DVM, MS, DACVPM

For many years, the prescrotal technique has been taught as the only acceptable method of canine castration.¹ However, scrotal castration has gained popularity in recent years as a safe alternative to the prescrotal technique. First described in 1974,² this technique may offer the advantage of reducing surgical time while not increasing complication rates over the traditional prescrotal approach.

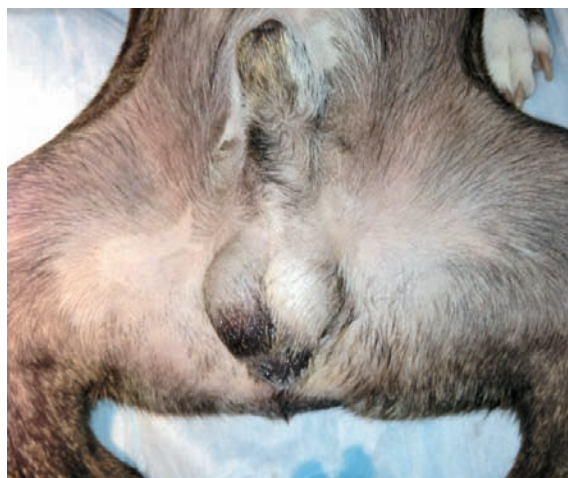
The scrotal technique has been described as an accepted method for pediatric canine castrations.¹ It is becoming widely accepted for adult canine castrations by veterinary surgeons in high-volume spay-neuter clinics, which often have limited resources and many animals to sterilize.³ Procedures that reduce anesthetic time and expedite the surgical procedure by even a few minutes can be of tremendous benefit to these programs.

Although numerous clinics

perform the scrotal technique, to our knowledge, there is no published research documenting its complication rate or comparing complications between the scrotal and prescrotal techniques. Our study was conducted to compare complication rates and surgical efficiency between the two castration techniques in male dogs more than 6 months old. We wanted to evaluate the hypothesis that there are no differences in complication rates between the two techniques.

COMPLICATIONS

Orchiectomy, like all surgeries, carries risks of complication. While there is a perception that scrotal castration in adult dogs is more prone to complications than prescrotal castration is, limited data are available comparing complication rates of scrotal and prescrotal canine castrations. Data are difficult to obtain because complications and degree of



>>>1A. A dog aseptically prepared for scrotal castration. There were no differences in surgical preparation between the two techniques.



>>>1B. A dog prepped for prescrotal castration.

CASTRATION technique



>>>2. The prescrotal incision was made just cranial to the scrotum and continued cranially 2 to 5 cm, depending on the dog's size, until the incision was of sufficient length to allow the testicles to be exteriorized.

>>>3. The prescrotal incision was closed with 2-0 polyglactin 910 suture in an interrupted intradermal pattern.

detail of records vary by practitioner.^{4,5} Additionally, some minor complications occur at home and may go unnoticed or unreported by owners. Complication rates after prescrotal castrations have been reported to range from 0% to 32%, with the incidence of complications often considered to be lower in younger patients.^{4,6}

Complications of both prescrotal and scrotal techniques include dehiscence,

scrotal swelling, hemorrhage, subcutaneous bruising, scrotal hematoma and self-trauma to the surgical site. Dogs with minor complications may need no intervention, while others may require veterinary care. In one study of 218 animals, seven dogs and two cats developed scrotal hematoma after castration.^{3,7} Dogs with severe scrotal hematoma may experience necrosis of the scrotal skin, necessitating a scrotal ablation.⁷

In the past, scrotal castrations have been discouraged because male dogs are considered to be scrotal conscious.⁸ The accepted thought has been that disturbing the scrotal skin will cause excessive self-mutilation by the patient, most likely because of irritation caused by skin sutures.³ For this reason, several studies have discouraged clipping or prepping the scrotum at all and have recommended draping the scrotum out of the surgical field.⁸ The potential for self-mutilation has been given as the reason to avoid performing scrotal castrations, despite the fact that there is no reported scientific evidence supporting this conclusion.³

Recently, advances have been made in surgical and diagnostic procedures, especially in human medicine, toward less invasive techniques. These advances have led to reduced

morbidity and wound contamination as well as less pain and shorter patient recovery periods.⁹ While this practice is developing at a slower rate in veterinary medicine, there are ongoing efforts to make common procedures less invasive. The scrotal technique, although not well-documented, is considered by many veterinarians working at high-quality high-volume spay-and-neuter clinics to be quicker and less invasive than the traditional prescrotal approach.³

METHODOLOGY

Dogs for this study were selected from five shelters serviced by the Mississippi State University (MSU) mobile surgical unit and from all dogs presented for castration to Humane Alliance (HA) in Asheville, North Carolina. All dogs were healthy males more than 6 months old. Dogs with signs of disease or cryptorchidism were excluded from the study. The dogs were randomly allocated by a coin toss into two treatment groups, scrotal castration and prescrotal castration. Both groups of dogs were tattooed after surgery to identify the procedure performed.

Time efficiency was recorded for the procedures done by the MSU surgeons. Efficiency was measured in minutes of surgical time, starting when the surgeon made the incision and

concluding after the last suture was placed. The duration of each surgery was recorded by a veterinary assistant present in the surgery suite. No data on the duration of surgery were recorded at HA.

Surgical preparation

Dogs were anesthetized with butorphanol (0.35 mg/kg), ketamine (3.5 mg/kg), and dexmedetomidine (17.5 µg/kg) given as an intravenous mixture. Before surgery, each dog was given a subcutaneous injection of carprofen (4.4 mg/kg) for pain control.

For both procedures, the surgical area, including the scrotum and prescrotal area, was clipped and prepared with chlorhexidine scrub, and the surgical area was covered with a clean, chlorhexidine-soaked surgical sponge. The dog was then moved to the surgical suite and placed in dorsal recumbency. The clean surgical sponge was removed, and the surgical site was aseptically draped. There were no differences in surgical prep between the two techniques (*Figures 1A & 1B*).

Prescrotal incision technique

For those dogs undergoing the prescrotal incision technique, a No. 15 scalpel blade on a No. 2 Bard-Parker handle was used to incise the prescrotal skin. The incision was made just cranial

to the scrotum and continued cranially 2 to 5 cm, depending on the dog's size, until the incision was of sufficient length to allow the testicles to be exteriorized (*Figure 2*). The parietal tunic was left intact.

The first testicle was delivered through the prescrotal incision; fascia was stripped from the spermatic cord to allow the testicle and spermatic cord to be fully exteriorized for a closed castration technique. Two curved Kelly hemostats were used to crush the tissues of the spermatic cord proximal to the testicle. The spermatic cord was transected distal to the second hemostat with a No. 15 scalpel blade. The most proximal hemostat was removed, and ligature of 2-0 polyglactin 910 (Vicryl—Ethicon) suture was secured with a Miller's knot in the area previously crushed by the hemostat.

The remaining hemostat was subsequently removed, and the remainder of the spermatic cord was placed back into the incision after checking for hemorrhage. The procedure was repeated for the second testicle. The incision was closed with 2-0 polyglactin 910 suture in an interrupted intradermal pattern (*Figure 3*).

Scrotal technique

For the scrotal technique, a No. 15 scalpel blade on a No. 2 Bard-Parker handle was used



to make a 2- to 5-cm incision in the scrotum (*Figure 4*). The first testicle was delivered through a scrotal incision near the median raphe, and a closed castration was performed as described for the prescrotal technique. The procedure was repeated for the second testicle using the same incision. A single subcutaneous suture was placed in the scrotal incision by using 2-0 polyglactin 910 suture (*Figure 5*).

>>>4. For the scrotal technique, the first testicle was delivered through a scrotal incision near the median raphe.

>>>5. A single subcutaneous suture was placed in the scrotal incision by using 2-0 polyglactin 910 suture. Both groups of dogs were tattooed to identify the procedure performed.

Table 1
Frequency of complications

Complication	Method		Location		Mean weight	
	Prescrotal # (%)	Scrotal # (%)	MSU # (%)	HA # (%)	Present lb (#)	Absent lb (#)
Hemorrhage	35 (15%)	34 (17%)	63 (38%)	7 (3%)	40.8 (70)	36.4 (360)
Pain	30 (13%)	23 (11%)	41 (25%)	11 (4%)	40.8 (52)	36.6 (378)
Self-trauma	34 (15%)	20 (10%)	46 (28%)	7 (3%)	38.1 (53)	36.8 (377)
Swelling 2 hours after surgery	33 (14%)	28 (14%)	53 (32%)	7 (3%)	39.5 (60)	36.6 (370)
Swelling 4 hours after surgery	32 (14%)	23 (11%)	46 (28%)	8 (3%)	39.7 (54)	36.6 (376)
Swelling 6 hours after surgery	31 (13%)	26 (13%)	42 (26%)	16 (6%)	41 (58)	36.4 (371)
Swelling 24 hours after surgery	49 (21%)	47 (23%)	35 (21%)	60 (22%)	41.7 (94)	35.5 (335)
Swelling 48 hours after surgery	50 (22%)	41 (20%)	25 (15%)	65 (24%)	43.4 (89)	35.3 (339)
Swelling 72 hours after surgery	40 (17%)	31 (15%)	16 (10%)	54 (20%)	48.5 (70)	34.4 (357)
Total cases	231	206	164	273		

= number of complications recorded

% = percentage of dogs with complications recorded

lb = pound

Postoperative monitoring

The dogs were placed in a cage or run and monitored during recovery. Dogs were ultimately returned to the shelter environment within two hours. Privately owned dogs were returned to their owners about 24 hours after surgery.

Dogs treated at MSU were monitored by shelter employees, while dogs treated at HA were monitored by individual owners. Whenever possible, the same individual assessed multiple dogs. All observers were given verbal and written instructions concerning proper observation and documentation of complications on a provided questionnaire. Complications were defined as the presence and absence of hemorrhage

(blood from the incision site), pain (vocalization on palpation of the incision site), self-trauma (licking, chewing or scratching at the incision), and swelling of the incision site or scrotum. Swelling was evaluated two, four, six, 24, 48 and 72 hours after surgery.

Results

Four hundred thirty-seven dogs met the inclusion criteria for this study. The average weight of the dogs included was 37.5 lb (17 kg) and ranged from 6.6 to 132.3 lb (3 to 60 kg). The prescrotal approach was performed on 206 dogs, and 231 were castrated by using the scrotal approach. Surgeries were performed by nine licensed veterinarians. All veterinarians were proficient in high-quality

high-volume spay-neuter techniques and had a minimum of four years of experience. No complications were noted during the surgical procedures.

For statistical purposes, the frequencies of complications were categorized by method and location (*Table 1*). The mean weights for dogs with or without complications are also presented in *Table 1*.

It is interesting to note that 54 dogs (prescrotal = 34; scrotal = 20) were recorded as inflicting self-trauma through biting, licking or chewing their incisions (*Table 1*). The odds of self-trauma were 1.96 times greater ($P = 0.04$) in dogs undergoing the prescrotal method than in those castrated by the scrotal method when adjusted for state and weight.

The odds of hemorrhage (26.45), pain (8.11) or self-trauma (14.66) were significantly greater ($P < 0.01$), when adjusted for method and weight, in dogs castrated at MSU than in those castrated at HA. The odds of hemorrhage, when adjusted for method and state, were 1.04 times greater ($P = 0.02$) for each 1-kg increase in weight of the dog.

The odds of swelling from two to six hours after surgery were significantly greater ($P < 0.01$), when adjusted for method and weight, in dogs castrated at MSU; however, the odds of swelling from 24 to 72 hours were significantly less ($P \leq 0.04$) in dogs castrated at MSU.

Overall, dogs with prescrotal incisions had significantly higher incidence of self-trauma. These data are noteworthy considering the perception of scrotal consciousness in dogs and do not support the concern that a scrotal approach may increase the incidence of self-trauma.⁸ Larger dogs had greater odds for hemorrhage, but that was found to be independent of method.

The length of surgery was recorded for cases at MSU. A significant difference ($P < 0.01$) was recorded between the two procedures, with the average surgical time for the scrotal approach being 5.1 minutes and the average surgical time for the scrotal approach being 3.6

minutes, which is about a 30% reduction in surgical time. The difference in surgical time by surgical approach was consistent between the two MSU surgeons.

DISCUSSION

Canine castration is one of the most common procedures performed in veterinary medicine, and the prescrotal surgical approach has traditionally been the most commonly taught method.^{1,6} The emergence of high-quality high-volume spay-neuter organizations has increased the need for more efficient techniques. Consideration should be given to other possible approaches that may be as effective, safe and efficient as the long-accepted prescrotal castration. To our knowledge, this study was the first designed to evaluate the differences in complication rate and time efficiency between scrotal and prescrotal canine castration.

In this study, the complication rates of the prescrotal and scrotal techniques were similar, but the scrotal approach was faster and had lowered incidence of self-trauma.

In future studies, efforts should be made to eliminate or further minimize interobserver variability (visit dvm360.com/scrotaltechnique to see "Study limitations"). While swelling was tracked out to 72 hours after surgery, pain, self-trauma, and hemorrhage were recorded

only in the 24 hours immediately following the patient's recovery from anesthesia. It may be useful to follow the incidence of pain, self-trauma, hemorrhage, incisional discharge and infection rates out to at least seven days.

CONCLUSION

Scrotal castration was comparable with traditional prescrotal castration in terms of incidence of most postoperative complications. However, the scrotal method was associated with less self-trauma. Scrotal castration also offered an approximately 30% faster surgery time. Either surgical method may be safely and effectively performed in high-quality high-volume spay-neuter clinics. **VM**

*Kimberly Woodruff, DVM, MS
Philip A. Bushby, DVM, MS, DACVS
Department of Clinical Sciences
College of Veterinary Medicine
Mississippi State University
Mississippi State, MS 39762*

*Karla Rigdon-Brestle, DVM
Humane Alliance
25 Heritage Drive
Asheville, NC 28806*

*Robert Wills, DVM, PhD, DACVPM
Carla Huston, DVM, MS, DACVPM
Department of Pathobiology
and Population Medicine
College of Veterinary Medicine
Mississippi State University
Mississippi State, MS 39762*



All the details online

Read more on this study's data assessment and limitations and see the complete list of references at dvm360.com/scrotaltechnique. You'll also find the postsurgical assessment form.

Better mental health = better medicine



The pressures of veterinary practice can be too much. It's tough to stay afloat financially, physically and emotionally at the same time. Yet you have to go into that exam room and be on the top of your game to catch and treat any issues that arise. Are you struggling? You are not alone!

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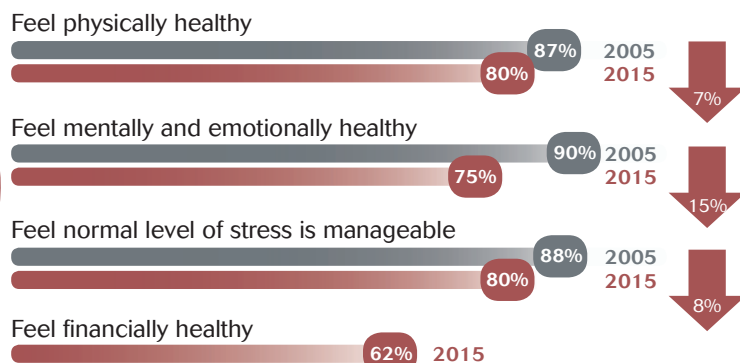


The goal of our coverage in this leadership challenge is to help you recognize and confront issues that may be arising or worsening and get you back to being your best. In these

pages you'll find two personal stories from veterinarians. There is a solution for you, too, and we want to help you find it.

Use the tools at dvm360.com/burdenofcare to take care of yourself:

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- > Need help right now? *Please* see our list of resources and find the assistance you need.
- > Investigate the complete results of the 2015 dvm360 Job Satisfaction Survey.
- > Find catharsis through anonymous posts in the Veterinary Confessionals Project.



Data from dvm360 2015 Job Satisfaction Survey and Veterinary Economics 2005 Job Satisfaction Survey.

The **cost** of *caring*

Veterinary Medicine's Medical Editor Dr. Heather Lewellen shares her own story of compassion fatigue.

It's a devastating diagnosis for you. There is no vaccine for it. It can sneak up on you without warning. Compassion fatigue. It happened to me and I know I am not alone.



Dr. Heather Lewellen

As a fresh face coming out of veterinary school, I wanted to save the world. Didn't we all? I didn't wake up one day and not care anymore; it was a gradual thing. Death by a thousand cuts—a difficult euthanasia here,

a client yelling at me there. I practiced small-animal medicine for nine years, one of them in emergency medicine. For nine years I bled out slowly until I had nothing left to bleed. The end result for me was that I didn't care at all anymore. I didn't have the energy or desire to act as the pet's advocate anymore. If I recommended something that was in the best interest of the pet and the owner declined, I would just shrug and say, "OK." That is no way to practice veterinary medicine and I knew it. And that is why I left practice.

The conundrum is that the type of people who

are called to the healing professions, who thrive and do well at them, also tend to be the type of people who are prone to developing compassion fatigue. Since I left practice, I have heard from several of my classmates who were considering leaving practice. I think they are all still practicing. I understand that a career can be like a relationship with its ups and downs.

As someone who has been there, in the trenches, if I could give you one piece of advice, it would be that it is absolutely crucial that you learn how to put some kind of insulation between you and the patient and client. I used to think "No! No insulation. If I am emotionally insulated from them, then I am not a good veterinarian." Well, look how that turned out.

I have since learned about and have practiced setting emotional boundaries, but what a challenging thing! I don't think I would want to do that all day at work again. People still ask me all the time if I miss practice and if I'd ever go back into practice. And I have to be honest. The answer is, "If it was the same as it was when I was practicing previously? Then no." **VM**

See further coverage in our sister publications, all available at dvm360.com/burdenofcare.



What the numbers—and experts—say. Exclusive dvm360 data, plus mental health experts who work in the profession shed light on why emotional pain is such a problem in veterinary medicine.



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The team's emotional health. How can veterinary team members stay engaged in the profession—and stave off burnout and compassion fatigue? Including exclusive data for team members.

Surviving *thoughts* of suicide



Is performing euthanasia a factor in veterinarians' suicide risk? See page 120.



Timothy McCarthy, DVM, PhD, DACVS, practices at Cascade Veterinary Referral Center in Tigard, Oregon, and trains veterinarians in minimally invasive surgical techniques through his company VetMIST.

By Timothy C. McCarthy, DVM, PhD, DACVS

Dr. Shirley Koshi. Dr. Sophia Yin. I am always saddened by the news of suicide. I have had thoughts of suicide in my life and have been able to get past them. I am now happy, emotionally strong and resilient, and I am thrilled to be alive. At the times of my ideations of suicide, the medical term, I never thought that I could be where I am today. Both times I was at the bottom of a dark pit with no way out. Both times I screamed for help. There is no shame in seeking help. And seeking help does not mean that there is anything wrong with you.

Initial thoughts

The first time I contemplated suicide was when I was in the middle of a miserable divorce with my first wife that had been going on for more than two years, following a miserable marriage. I was not being allowed to see my son, my father passed away after a long illness, my practice was failing (the whole staff quit one day) and I did not have a meaningful rela-

tionship in my life. One evening I found myself sitting in front of the drug cabinet wondering how much more pain I could survive and where was a way out. Fortunately, this made me angry, and I stayed up all night writing a nasty letter to my attorney. The divorce was settled in a week.

Second thoughts

The second time was when I was being beaten up by a big corporation that was determined to destroy my life. I hit bottom when I was confronted with a notice from their attorney that they were going to start collection proceedings to get the \$800,000 judgment against me. They were going to send the sheriff to take all of our personal possessions, including our animals. We had five horses, three dogs and three cats. I spent time in a locked psychiatric facility on 24-hour suicide watch.

The steps I took

I had been seeing a psychologist since about the time that my divorce started. Everyone will

benefit from seeing a psychologist. Let me rephrase that—everyone will benefit from seeing a *good* psychologist.

In my first appointment with a psychologist, I unloaded everything that was bothering me. This included things that I did not think that I could ever tell anyone. She just listened. At the end of the hour she stated that I had saved myself about nine months of therapy because she did not have to break down any barriers. I cannot describe what she did, how she did it or why it worked, but I began realizing that I was responding to situations differently and that I was seeing things differently. I began watching myself with great curiosity as things changed. Watching myself with great curiosity became great fun. The process was very positive. It was not difficult or depressing or hard work as many believe.

I learned what drove my temper and was able to reduce it to nothing—or as near nothing as it is possible to get. I found and understood why the relationships that I entered were not

where I really wanted to be, and I have been with the woman of my dreams for almost 20 years with a relationship that just keeps getting better and better.

I am a different person than I was when I started seeing the first psychologist. I have a completely different perspective on life than I did before and am able to get through stressful situations much more easily than in my previous life. My episodes of depression and ideations of suicide were situational but were also grounded in chronic depression that I did not recognize as existing.

The steps you can take

If there is depression in your life or overwhelming situational stress, get help. I am the poster child for someone who vehemently and stanchly felt and stated, "I'm fine and I don't need no stinkin' help." Then I decided that I did and I could not get to someone fast enough.

Where I am now

I am almost 70 and am having more fun in practice than I have ever had. I am enjoying my clients more than ever, and I am doing new and different procedures all the time. I travel to teach, which is rewarding and stimulating. My biggest question right now is, how can I keep practicing forever because I am having too much fun to quit? **VM**

Further insight from Dr. McCarthy

Are there certain pressures you think veterinarians face that might make them more prone to suicide?

I know that the incidence of suicide in veterinarians is higher than other professions or other people. I do not know why or what the hot buttons are. We do work very hard under a long list of pressures, but it is probably more than that. We do not become veterinarians for the money but are pushed all the time to make more money for the practice and for ourselves. This puts us in a money-driven environment when most of us are not money-driven people.

How do you get someone who needs help because of depression to admit it?

This is the most difficult step in the entire process. People are so reluctant to admit that they are overwhelmed that many die rather than speak up, yet we think nothing of getting treatment for our physical illnesses. If we have diabetes, we go and get treatment. When we break a bone, we go to a doctor to put us back together. If we have an infection, we take an antibiotic. If we cannot see well enough, we wear glasses. We think that mental illness is something different when it is really not any different. When we are depressed, our brain chemistry is different than when we are not depressed. Why is it so hard to accept this and get medical help? I do not know but I do know that I had the same problem. There was something wrong with getting help for my emotional or mental problems. Then when I decided I needed help, like I said, I could not get there fast enough.

How have you changed since you've gotten help?

Most of what happened during my saga was learning new and better coping skills for the stresses in life. Another important area is understanding that as individuals we have no control over what other people do. The only real control we have in our lives is how we react to what other people do. If we get very upset because of what someone else does, it only stresses and affects us, not them. We are the ones that suffer. Everyone we deal with is doing the best they can; sometimes we think it is not good enough, but if they could do better they would. If we look at other people's actions with that understanding, it becomes way less stressful and upsetting. We can also only do the best we can, and sometimes that is not good enough. If we accept that we did our best, we can become less critical of ourselves.



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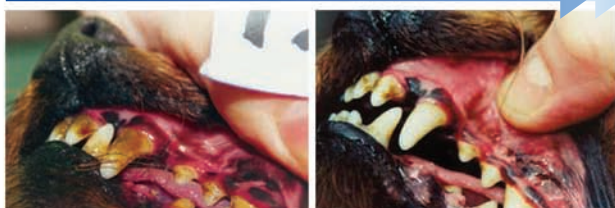
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Honoring my mother

In honor of Mother's Day, Dr. Miller takes a moment to celebrate his mom in this past column at dvm360.com/miller.

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Dr. Justine Lee discusses whether there is a medical marijuana indication in pets at dvm360.com/marijuanatox.



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