

# Vetted

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Highly  
**cultured**  
Microbiologists'  
masterpieces **p4**

**Break**  
**through**  
for diabetic  
pets **p22**

Not **fleas**  
again?! **p26**

**+ Help!**  
I'm trapped in  
the exam room  
**p30**

**XoXo**  
**4** **PRODUCTS**  
that get lost  
pets home  
**p35**

diversa  
**leadership**  
**CHALLENGE**  
PET OWNER 2.0



## Pet owner 2.0

Yup, we're talking about millennials. (Oh, calm down.)  
How they decide. What they're REALLY like.  
And how to tip the scale in favor of pet health. **p10**



# IN FLEA AND TICK CONTROL, REACH HIGHER



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## Aids in pet owner compliance<sup>2,3</sup>

- Eliminates the need for monthly application

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**\*Bravecto kills fleas, prevents flea infestations, and kills ticks (black-legged tick, American dog tick, and brown dog tick) for 12 weeks. Bravecto also kills lone star ticks for 8 weeks.**

**IMPORTANT SAFETY INFORMATION:** The most common adverse reactions recorded in clinical trials were vomiting, decreased appetite, diarrhea, lethargy, polydipsia, and flatulence. Bravecto has not been shown to be effective for 12-weeks' duration in puppies less than 6 months of age. Bravecto is not effective against lone star ticks beyond 8 weeks after dosing.

**References:** 1. Bravecto [prescribing information]. Summit, NJ: Merck Animal Health; 2014. 2. Beck S, Schein E, Baldermann C, von Samson-Himmelstjerna G, Kohn B. Tick infestation and tick prophylaxis in dogs in the area of Berlin/Brandenburg—results of a questionnaire study. *BerlMünch Tierärztl Wochenschr.* 2013;126(1-2):69-76. 3. Kidd L, Breitschwerdt EB. Transmission times and prevention of tick-borne diseases in dogs. *Compend Contin Educ Pract Vet.* 2003;25(10):742-751. 4. Gassel M, Wolf C, Noack S, Williams H, Ilg T. The novel isoxazoline ectoparasiticide fluralaner: Selective inhibition of arthropod  $\gamma$ -aminobutyric acid- and L-glutamate-gated chloride channels and insecticidal/acaricidal activity. *Insect Biochem Molec Biol.* 2014;45:111-124.

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February 2016

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## Not fleas again?!

If you're tired of fleas, imagine how creeped-out pet owners feel facing the devil's jumping beans. One more time, doctors, with gusto.

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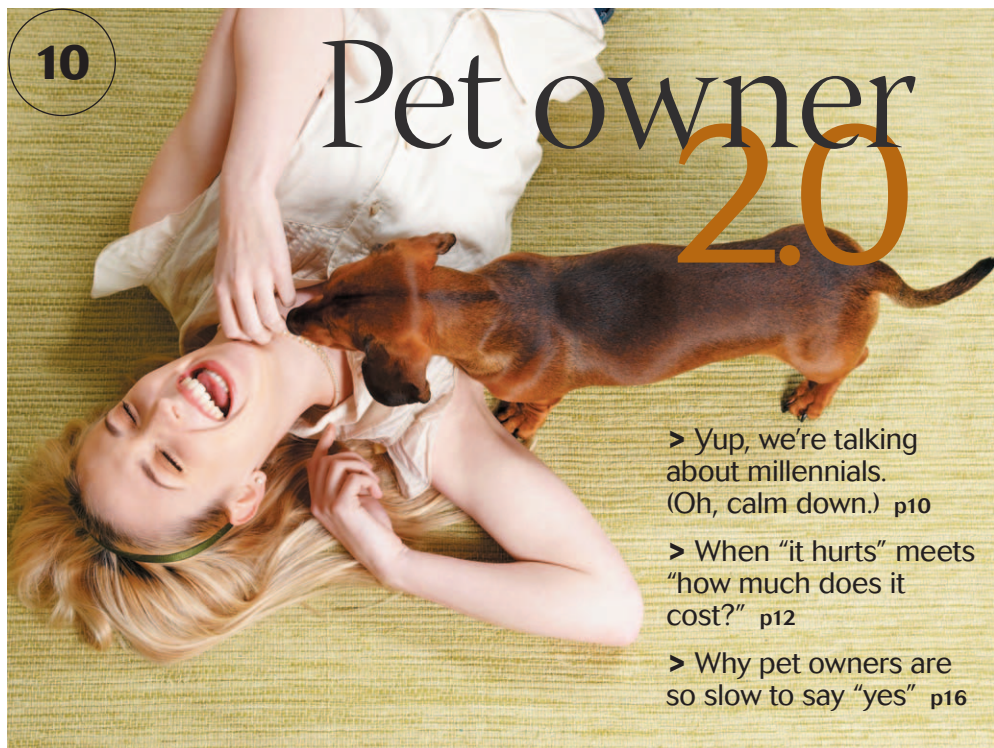
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## Pet owner 2.0



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ADRIENNE WAGNER/GETTY IMAGES

## Color me happy

**K**ids have got it right—even DVMs are finally admitting it. Six of the top 20 selling books on Amazon now are adult coloring books. And colorers swear this harmless distraction can pull your mind from the churn of your left-brained day to the more creative right brain, delivering focus and relaxation. Psychologists agree, saying coloring may take second in effectiveness only to meditation. Say it with us... Om.

We know one DVM who's all in on the coloring book phenomenon. While visiting Kansas City, Shawn Finch, DVM, and her family visited the Crayola store for coloring books to bring



Selfie break! Shawn Finch, DVM sharing another stress-relieving moment with dvm360 Business Channel Director, Brendan Howard at CVC Kansas City 2015.

home for work and play. Dr. Finch says that her staff started coloring the books during down times and loved the stress relief.

Ready to pick up your pencils (or markers or pens)? We've made some guilt-free coloring pages just for you. Download them today at [dvm360.com/smartcoloring](http://dvm360.com/smartcoloring).

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# THE PICKS

(What we care about now)

## 1,000,000 is a *big* number

The American Society for the Prevention of Cruelty to Animals (ASPCA) estimates more than 1 million households in the United States re-home their cats or dogs annually. According to the organization's recent report:

**37%** of households relinquishing a pet gave the pet to a friend or family member

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**36%** took the pet to a shelter or rescue organization

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**14%** gave the pet to a veterinarian or other pet care professional

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**11%** gave the pet to someone they didn't previously know

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**1%** set the pet free to be found by someone else

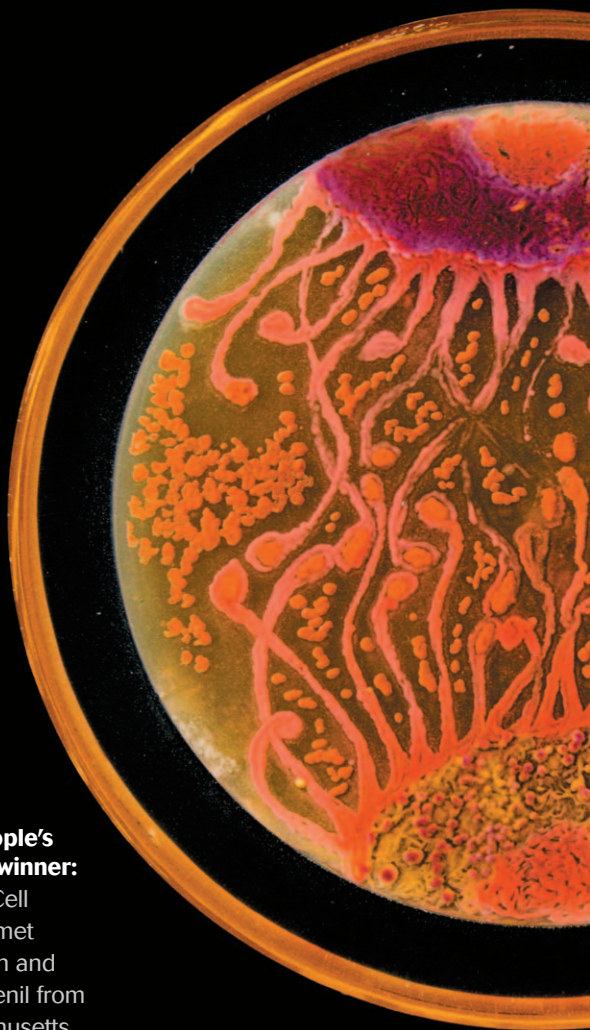
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"Those who re-homed to a friend, family or neighbor were more likely to be re-homing due to family issues and housing issues—in other words, a reason that did not have to do with the pet's behavior or health," says Emily Weiss, PhD, lead author of the study and ASPCA vice president of research and development, in an ASPCA blog post. "Those relinquishing to a shelter, however, were more likely to be re-homing due to issues related to the pet himself (medical and behavior issues, with aggression being the primary driver of significance)."

Source: ASPCA report "Goodbye to a Good Friend: An Exploration of the Re-Homing of Cats and Dogs in the U.S."

# Highly

**The challenge:** Create a piece of art using microbes as the paint and agar as the canvas. Members of the American Society for Microbiology were allowed to paint their submissions with any organisms, any types of agar and any size petri dish. But at its core, each piece needed to be an agar plate. (And participants were encouraged to follow safety guidelines for handling microorganisms.) Behold the dynamic submissions. And for even more examples, visit [dvm360.com/agarart](http://dvm360.com/agarart).

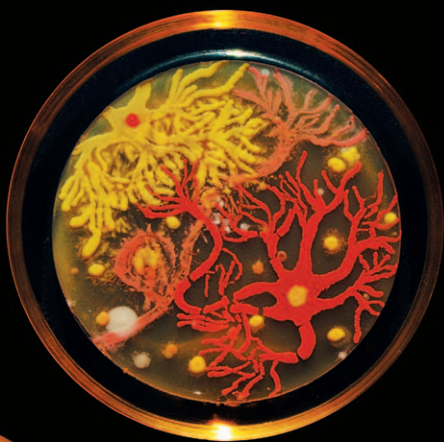


### The People's Choice winner:

Cell to Cell  
by Mehmet  
Berkmen and  
Maria Penil from  
Massachusetts



# cultured



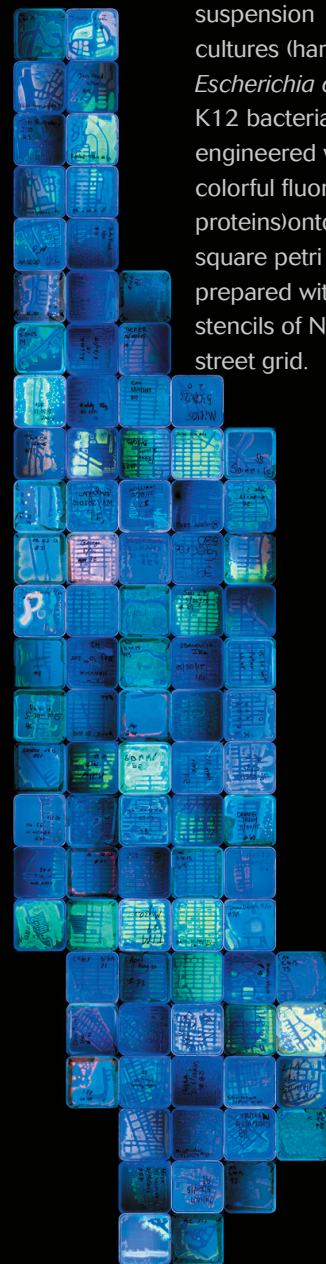
**First place:** Neurons, submitted by Mehmet Berkmen of New England Biolabs in collaboration with artist Maria Penil, who painted with yellow *Nesterenkonia*, orange *Deinococcus* and *Sphingomonas*—contaminants isolated for their attractive colors in the Berkmen lab.



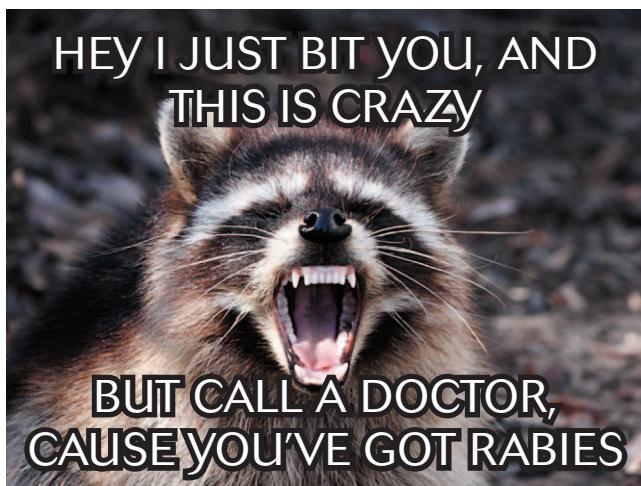
**Third place:** Harvest Season, created by Maria Eugenia Inda, a postdoctoral researcher from Argentina working at Cold Spring Harbor Labs. Painted with *Saccharomyces cerevisiae*, the species of yeast that's the active agent responsible for bread, wine and beer, the painting depicts a humble farmhouse with the wheat production arrayed in the yard. She says this statement was her inspiration: "Look at the yeast fields, for they are already white for harvest!"

**Second place:** NYC Biome MAP, submitted by Christine Marizzi, an educator at New York City's Community Biolab. More than 50 members of the public helped make this piece by painting bacterial

suspension cultures (harmless *Escherichia coli* K12 bacteria engineered with colorful fluorescent proteins) onto square petri plates prepared with stencils of NYC's street grid.







## (K)no(w) rabies (coming soon to a state near you)

Rocky the rabid raccoon bites Doug the dog, who received a three-year rabies vaccine in from his veterinarian in Tennessee. Is Doug considered “overdue” for his rabies vaccine if he now lives in Kentucky? If this kind of question makes your puzzler sore, here’s good news: To solve all of your rabies queries and conundrums, Merial recently launched **RabiesAware.org**, a national rabies information resource for the veterinary profession. Led by Richard Ford, DVM, MS, emeritus professor of medicine at North Carolina State University’s College of Veterinary Medicine, this site serves up-to-date information on state and local laws.

“The application, interpretation and enforcement of rabies vaccination laws can vary significantly from state to state, and even county to county,” says Dr. Ford. “Complex and sometimes conflicting rabies laws can lead to considerable confusion, misinterpretation of state and local statutes and inappropriate actions on the part of individual practitioners. The information found on RabiesAware.org will not only provide veterinarians and staff access to the most up-to-date information, but it will also ensure that they have the necessary tools to help educate pet owners on the importance of rabies vaccinations.”

Frothing for the data? Here’s what you’ll find:

- State-specific frequently asked questions
- Surveillance data
- Access to the National Association of State Public Health Veterinarians’ Compendium of Animal Rabies Prevention and Control
- A comprehensive list of available U.S.-approved rabies vaccines
- Contact information for state public health veterinarians.

If your state’s not represented, check back regularly. It’s coming lickety-split—promise!



## Dear John

Here’s a tip to flush out clients who have a dog with severe separation anxiety. Ask, “Can you go to the bathroom by yourself, or does your dog tag along?” If clients respond with, “How did you know that?” they’re clearly having trouble leaving the dog alone in the house. Veterinary behaviorist Melissa Bain, DVM, DACVB, DACAW, MS, recommends mat training as a first step.





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PERPETUAL INNOVATION

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**BRIEF SUMMARY (For full Prescribing Information, see package insert)**

**Caution:**

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

**Indications:**

Bravecto kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*) and the treatment and control of tick infestations [*Ixodes scapularis* (black-legged tick), *Dermacentor variabilis* (American dog tick), and *Rhipicephalus sanguineus* (brown dog tick)] for 12 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Bravecto is also indicated for the treatment and control of *Amblyomma americanum* (lone star tick) infestations for 8 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

**Contraindications:**

There are no known contraindications for the use of the product.

**Warnings:**

Not for human use. Keep this and all drugs out of the reach of children. Keep the product in the original packaging until use, in order to prevent children from getting direct access to the product. Do not eat, drink or smoke while handling the product. Wash hands thoroughly with soap and water immediately after use of the product.

**Precautions:**

Bravecto has not been shown to be effective for 12-weeks duration in puppies less than 6 months of age. Bravecto is not effective against *Amblyomma americanum* ticks beyond 8 weeks after dosing.

**Adverse Reactions:**

In a well-controlled U.S. field study, which included 294 dogs (224 dogs were administered Bravecto every 12 weeks and 70 dogs were administered an oral active control every 4 weeks and were provided with a tick collar); there were no serious adverse reactions. All potential adverse reactions were recorded in dogs treated with Bravecto over a 182-day period and in dogs treated with the active control over an 84-day period. The most frequently reported adverse reaction in dogs in the Bravecto and active control groups was vomiting.

**Percentage of Dogs with Adverse Reactions in the Field Study**

Adverse Reaction (AR)	Bravecto Group: Percentage of Dogs with the AR During the 182-Day Study (n=224 dogs)	Active Control Group: Percentage of Dogs with the AR During the 84-Day Study (n=70 dogs)
Vomiting	7.1	14.3
Decreased Appetite	6.7	0.0
Diarrhea	4.9	2.9
Lethargy	5.4	7.1
Polydipsia	1.8	4.3
Flatulence	1.3	0.0

In a well-controlled laboratory dose confirmation study, one dog developed edema and hyperemia of the upper lips within one hour of receiving Bravecto. The edema improved progressively through the day and had resolved without medical intervention by the next morning.

For technical assistance or to report a suspected adverse drug reaction, contact Merck Animal Health at 1-800-224-5318. Additional information can be found at [www.bravecto.com](http://www.bravecto.com). For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

**How Supplied:**

Bravecto is available in five strengths (112.5, 250, 500, 1000, and 1400 mg fluralaner per chew). Each chew is packaged individually into aluminum foil blister packs sealed with a peelable paper backed foil lid stock. Product may be packaged in 1, 2, or 4 chews per package.

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**Reference:** Bravecto [prescribing information] Summit, NJ: Merck Animal Health; 2014  
Available by veterinary prescription only.







Dr. Karen Bradley  
with her family.

## No regrets from a practice owner who found a path to (reasonable) balance

By Karen Bradley, DVM

For me “doing it all” often means doing less, so I’ve had to limit the roles I take on beyond wife, mother, veterinarian and practice owner. My personal and professional lives work (most days) because although it is my nature to do a million things at once, I have to draw the line somewhere so I can enjoy my life and never regret not becoming a professional flutist. (Seriously, that was the other option.)

### Like-minded partners

Becoming a practice owner is the most important career decision I’ve made. It gives me stability and financial security I’d not otherwise have. I’m part of an ownership team, so I’m one of the partners who shapes how we practice medicine and share the workload. Part of the deal: We all work 30 hours a week.

### Backup systems

Lists and calendars help me control that feeling that I am forgetting something. Having a shared family calendar on our phones/computers is also unbelievably helpful.

### Give it up for sanity

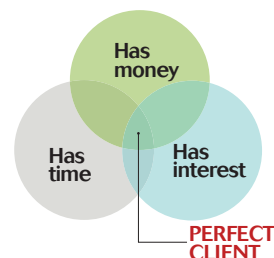
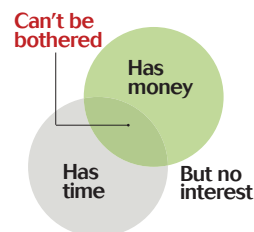
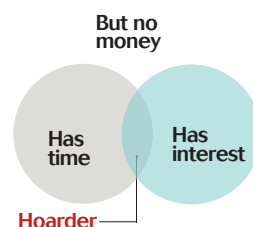
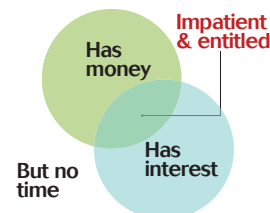
Even the small choices matter. Personally, I gave up television. (And playing the flute, which was big.) I just can’t be a die-hard fan of a show or follow every season of a series I enjoy. But the sanity boost is worth it.

### Learn to say no


I want to say yes. But I’ve learned that I won’t be satisfied with what I can contribute if I’m overcommitted. And I’m already juggling my practice life, a couple of big volunteer roles and managing the household with my husband and two kids (who are going 10 directions at once with all their activities).

#### SNARK CHARTS

#### LABELING CLIENTS: THE VENN DIAGRAMS







In 2015, the millennial generation surpassed boomers as the nation's largest living generation and overtook Gen-X as the largest percentage of the workforce, according to the Pew Research Center and U.S. Census Bureau data. If we assume these young professionals embrace pet ownership equally (and they may actually be more likely to own pets) you are—and will be—seeing a lot of them. Some quick facts:

### Caregivers

Millennial pet owners seem more tuned in to cutting-edge healthcare for their pets. A recent study from Trone Brand Energy shows 52% of millennials indicated their pet receives routine veterinary dental or oral care (compared with 42% of boomers). And 63% of millennials say staying current on pet health topics is important (compared with 54% of boomers).

### Busy, busy, busy

The Pew Research Center finds that about half (53%) of all working parents with children under age 18 say it's difficult for them to balance the responsibilities of their job with the responsibilities of their family. So they're always feeling rushed. (Bet you can relate, huh.)

### Trust—who do ya?

Millennials are less likely to take your word as gospel. And it may take more effort to build a bond with them. A recent study conducted by Trone Brand Energy shows that 59% of millennials say their veterinarian takes the time to know them, compared with 64% of boomers.

### Greedy for access

The millennial generation is used to having answers at their fingertips and communication channels wide open. Which seems to be changing their views about what "accessible" means. A recent study conducted by Trone Brand Energy shows that millennials are less likely to think their veterinarians are very accessible (47%) compared to boomers (78%).



## Demanding of transparency

Today's pet owners also want to know where they can get a product besides from you. And where they can get a better price. And if you tell them, they trust you more. (And they believe that they'll buy more from you in the end.)

## Information: They have it

You know everyone's an expert, right? As frustrating as it can sometimes be, people from every generation have more access to information, and they're using it. Sometimes to become better-educated pet owners. Sometimes to give you the opportunity to tell entertaining Dr. Google horror stories. Yep. Right here. Scan the code.



Sources: Trone Brand Energy 2013 Veterinarian Accessibility Study; Trone Brand Energy 2014 Pet & Wellness II Study; Pew Research Center report Raising Kids and Running a Household: How Working Parents Share the Load; U.S. Census Bureau

# Pet owner 2.0

Raw diets. Low prices AND specialist-level cardiology care. Ways to manage cost. Easier access to your know-how. Today's veterinary clients just aren't the same—and they want it all. But you have a secret weapon that's new, too: far more information about them. Here's a look at how they make decisions, what they REALLY want, what they're REALLY like—and some tips for tipping the scale in favor of pet health.



## Here's the whole story



### The millennial mother

This up-and-coming consumer force has just enough knowledge from the Internet to be dangerous, uses social media as a megaphone to broadcast her experiences with you and wants complete transparency from you about pricing and options. Depending on how you engage with her, she'll either

love you crazy or hate you crazy. Here's a hint: You want her to love you crazy.

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### Millennials and the veterinary team

Meet the new millennial pet owner—and learn how to communicate with her—with tips on how to:

> Introduce topics like wellness plans and pet insurance

You can follow our ongoing coverage at [dvm360.com/petowner2point0](http://dvm360.com/petowner2point0)

> Refocus the new consumer's "Dr. Google" habit of Googling her pet's illnesses

> Stop judging these pet owners—and learn better communication strategies.

### And in this issue:

#### > Four pet owners, four pain recommendations

Use these strategies to better target conversations to the client in front of you

> One key insight into why

### pet owners say no

We all make decisions based on emotion, and often a choice that's inexplicable to you stems from fear of loss. Here's how to see that coming and overcome.

### > Dr. Google horror stories

Dr. Google is available 24/7 and has piles of information—which is sometimes wildly misinterpreted.

Get your eye rolls here.



# Pain

When “It hurts” meets  
“How much does it cost?”

**Good news: Today’s pet owners are more aware of their pets’ care options. Bad news: The same recommendation doesn’t work the same way for every client. Lets work through a pain example.**

*By Brendan Howard, dvm360 Business Channel Director*



Once upon a time, many veterinarians believed pets didn't feel pain as much as people. And the research demonstrating that gnawing, aching, piercing, short-term or chronic pain inhibits healing didn't exist yet.

**Nobody gets to pretend anymore.**

But you face clients every day who question whether pre- and post-procedure pain control or pain medications for long-term conditions are absolutely necessary.

Imagining scenarios with pet-owning “types” developed by Brakke Consulting for the Bayer Veterinary Care Usage Study, we asked two smart practice owners how they talk about pain in their practices.

## Price Shopper

The Price Shopper values veterinary care but shows great loyalty to practitioners who demonstrate that they keep costs down. This client questions any optional pain control and asks about the need for any items you itemize in a treatment plan.

“Money is always an object for these clients,” says Jeff Werber, DVM, owner of Century Veterinary Group in Los Angeles. Dr. Werber gives these clients some choices between pain control methods. And he says







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**Important Safety Information:** For use in cats only. Animals presenting with severe ketoacidosis, anorexia, lethargy, and/or vomiting should be stabilized with short-acting insulin and appropriate supportive therapy until their condition is stabilized. As with all insulin products, careful patient monitoring for hypoglycemia and hyperglycemia is essential to attain and maintain adequate glycemic control and to prevent associated complications. Overdosage can result in profound hypoglycemia and death. Progestogen and glucocorticoid use should be avoided. PROZINC insulin is contraindicated in cats during episodes of hypoglycemia and in cats sensitive to protamine zinc recombinant human insulin or any other ingredients in the PROZINC product.

**References:** 1. Nelson RW, Henley K, Cole C; PZIR Clinical Study Group. Field safety and efficacy of protamine zinc recombinant human insulin for treatment of diabetes mellitus in cats. *J Vet Intern Med.* 2009;23(4):787–793. 2. Nelson RW. Disorders of the endocrine pancreas. In: Nelson RW, Cuoto CG, eds. *Small Animal Internal Medicine*. 4th ed. St. Louis, MO: Mosby Elsevier; 2008:764–802. 3. Rucinsky R, Cook A, Haley S, Nelson R, Zoran DL, Poundstone M; American Animal Hospital Association (AAHA). AAHA diabetes management guidelines for dogs and cats. *J Am Anim Hosp Assoc.* 2010;46(3):215–224.

# ProZinc® (protamine zinc recombinant human insulin)

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

**Description:** ProZinc® insulin is a sterile aqueous protamine zinc suspension of recombinant human insulin.

Each mL contains:

recombinant human insulin	40 International Units (IU)
protamine sulfate	0.466 mg
zinc oxide	0.088 mg
glycerin	16.00 mg
dibasic sodium phosphate, heptahydrate	3.78 mg
phenol (added as preservative)	2.50 mg
hydrochloric acid	1.63 mg
water for injection (maximum)	1005 mg
pH is adjusted with hydrochloric acid and/or sodium hydroxide.	

**Indication:** ProZinc (protamine zinc recombinant human insulin) is indicated for the reduction of hyperglycemia and hyperglycemia-associated clinical signs in cats with diabetes mellitus.

**Dosage and Administration:** USE OF A SYRINGE OTHER THAN A U-40 SYRINGE WILL RESULT IN INCORRECT DOSING.

FOR SUBCUTANEOUS INJECTION IN CATS ONLY.

ProZinc insulin should be mixed by gently rolling the vial prior to withdrawing each dose from the vial. Using a U-40 insulin syringe, the injection should be administered subcutaneously on the back of the neck or on the side of the cat.

Always provide the Cat Owner Information Sheet with each prescription.

The initial recommended ProZinc dose is 0.1 – 0.3 IU insulin/pound of body weight (0.2 – 0.7 IU/kg) every 12 hours. The dose should be given concurrently with or right after a meal. The veterinarian should re-evaluate the cat at appropriate intervals and adjust the dose based on both clinical signs and glucose nadirs until adequate glycemic control has been attained. In the effectiveness field study, glycemic control was considered adequate if the glucose nadir from a 9-hour blood glucose curve was between 80 and 150 mg/dL and clinical signs of hyperglycemia such as polyuria, polydipsia, and weight loss were improved.

Further adjustments in the dosage may be necessary with changes in the cat's diet, body weight, or concomitant medication, or if the cat develops concurrent infection, inflammation, neoplasia, or an additional endocrine or other medical disorder.

**Contraindications:** ProZinc insulin is contraindicated in cats sensitive to protamine zinc recombinant human insulin or any other ingredients in the ProZinc product. ProZinc insulin is contraindicated during episodes of hypoglycemia.

**Warnings: User Safety:** For use in cats only. Keep out of the reach of children. Avoid contact with eyes. In case of contact, immediately flush eyes with running water for at least 15 minutes. Accidental injection may cause hypoglycemia. In case of accidental injection, seek medical attention immediately. Exposure to product may induce a local or systemic allergic reaction in sensitized individuals.

**Animal Safety:** Owners should be advised to observe for signs of hypoglycemia (see Cat Owner Information Sheet). Use of this product, even at established doses, has been associated with hypoglycemia. An animal with signs of hypoglycemia should be treated immediately. Glucose should be given orally or intravenously as dictated by clinical signs. Insulin should be temporarily withheld and, if indicated, the dosage adjusted.

Any change in insulin should be made cautiously and only under a veterinarian's supervision. Changes in insulin strength, manufacturer, type, species (human, animal) or method of manufacture (rDNA versus animal-source insulin) may result in the need for a change in dosage.

Appropriate diagnostic tests should be performed to rule out other endocrinopathies in diabetic cats that are difficult to regulate.

**Precautions:** Animals presenting with severe ketoacidosis, anorexia, lethargy, and/or vomiting should be stabilized with short-acting insulin and appropriate supportive therapy until their condition is stabilized. As with all insulin products, careful patient monitoring for hypoglycemia and hyperglycemia are essential to attain and maintain adequate glycemic control and to prevent associated complications. Overdosage can result in profound hypoglycemia and death. Progestogens, certain endocrinopathies and glucocorticoids can have an antagonistic effect on insulin activity. Progestogen and glucocorticoid use should be avoided.

**Reproductive Safety:** The safety and effectiveness of ProZinc insulin in breeding, pregnant, and lactating cats has not been evaluated.

**Use in Kittens:** The safety and effectiveness of ProZinc insulin in kittens has not been evaluated.

## Adverse Reactions: Effectiveness Field Study

In a 45-day effectiveness field study, 176 cats received ProZinc insulin. Hypoglycemia (defined as a blood glucose value of < 50 mg/dL) occurred in 71 of the cats at various times throughout the study. Clinical signs of hypoglycemia were generally mild in nature (described as lethargic, sluggish, weak, trembling, uncoordinated, groggy, glassy-eyed or dazed). In 17 cases, the veterinarian provided oral glucose supplementation or food as treatment. Most cases were not associated with clinical signs and received no treatment. One cat had a serious hypoglycemic event associated with stupor, lateral recumbency, hypothermia and seizures. All cases of hypoglycemia resolved with appropriate therapy and if needed, a dose reduction.

Three cats had injection site reactions which were described as either small, punctate, red lesions; lesions on neck; or palpable subcutaneous thickening. All injection site reactions resolved without cessation of therapy.

Four cats developed diabetic neuropathy during the study as evidenced by plantigrade stance. Three cats entered the study with plantigrade stance, one of which resolved by Day 45. Four cats were diagnosed with diabetic ketoacidosis during the study. Two were euthanized due to poor response to treatment. Five other cats were euthanized during the study, one of which had hypoglycemia. Four cats had received ProZinc insulin for less than a week and were euthanized due to worsening concurrent medical conditions.

The following additional clinical observations or diagnoses were reported in cats during the effectiveness field study: vomiting, lethargy, diarrhea, cystitis/hematuria, upper respiratory infection, dry coat, hair loss, ocular discharge, abnormal vocalization, black stool, and rapid breathing.

## Extended Use Field Study

Cats that completed the effectiveness study were enrolled into an extended use field study. In this study, 145 cats received ProZinc insulin for up to an additional 136 days. Adverse reactions were similar to those reported during the 45-day effectiveness study and are listed in order of decreasing frequency: vomiting, hypoglycemia, anorexia/poor appetite, diarrhea, lethargy, cystitis/hematuria, and weakness. Twenty cats had signs consistent with hypoglycemia described as: sluggish, lethargic, unsteady, wobbly, seizures, trembling, or dazed. Most of these were treated by the owner or veterinarian with oral glucose supplementation or food; others received intravenous glucose. One cat had a serious hypoglycemic event associated with seizures and blindness. The cat fully recovered after supportive therapy and finished the study. All cases of hypoglycemia resolved with appropriate therapy and if needed, a dose reduction.

Fourteen cats died or were euthanized during the extended use study. In two cases, continued use of insulin despite anorexia and signs of hypoglycemia contributed to the deaths. In one case, the owner decided not to continue therapy after a presumed episode of hypoglycemia. The rest were due to concurrent medical conditions or worsening of the diabetes mellitus.

To report suspected adverse reactions, or to obtain a copy of the Material Safety Data Sheet (MSDS), call 1-866-638-2226.

**Information for Cat Owners:** Please refer to the Cat Owner Information Sheet for more information about ProZinc insulin. ProZinc insulin, like other insulin products, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the associated clinical signs. Potential adverse reactions include: hypoglycemia, insulin antagonism/resistance, rapid insulin metabolism, insulin-induced hyperglycemia (Somogyi Effect), and local or systemic reactions. The most common adverse reaction observed is hypoglycemia. Signs may include: weakness, depression, behavioral changes, muscle twitching, and anxiety. In severe cases of hypoglycemia, seizures and coma can occur. Hypoglycemia can be fatal if an affected cat does not receive prompt treatment. Appropriate veterinary monitoring of blood glucose, adjustment of insulin dose and regimen as needed, and stabilization of diet and activity help minimize the risk of hypoglycemic episodes. The attending veterinarian should evaluate other adverse reactions on a case-by-case basis to determine if an adjustment in therapy is appropriate, or if alternative therapy should be considered.

**Effectiveness:** A total of 187 client-owned cats were enrolled in a 45-day field study, with 176 receiving ProZinc insulin. One hundred and fifty-one cats were included in the effectiveness analysis. The patients included various purebred and mixed breed cats ranging in age from 3 to 19 years and in weight from 4.6 to 20.8 pounds. Of the cats included in the effectiveness analysis, 101 were castrated males, 49 were spayed females, and 1 was an intact female.

Cats were started on ProZinc insulin at a dose of 0.1-0.3 IU/lb (0.2-0.7 IU/kg) twice daily. Cats were evaluated at 7, 14, 30, and 45 days after initiation of therapy and the dose was adjusted based on clinical signs and results of 9-hour blood glucose curves on Days 7, 14, and 30.

Effectiveness was based on successful control of diabetes which was defined as improvement in at least one blood glucose variable (glucose curve mean, nadir, or fructosamine) and at least one clinical sign (polyuria, polydipsia, or body weight). Based on this definition, 115 of 151 cases (76.2%) were considered successful. Blood glucose curve means decreased from 415.3 mg/dL on Day 0 to 203.2 mg/dL by Day 45 and the mean blood glucose nadir decreased from 407.9 mg/dL on Day 0 to 142.4 mg/dL on Day 45. Mean fructosamine values decreased from 505.9 µmol/L on Day 0 to 380.7 µmol/L on Day 45.

Cats that completed the effectiveness study were enrolled in an extended use field study. The mean fructosamine value was 342.0 µmol/L after a total of 181 days of ProZinc therapy.

**How Supplied:** ProZinc insulin is supplied as a sterile injectable suspension in 10 mL multidose vials. Each mL of ProZinc product contains 40 IU recombinant human insulin.

**Storage Conditions:** Store in an upright position under refrigeration at 36-46°F (2-8°C). Do not freeze. Protect from light.

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that's because he'd rather see pets get some pain control after a procedure at his facility than no pain control somewhere else.

Instead of offering different or less-costly pain control options she's not comfortable with, Robin Downing, DVM, DAAPM, DACVSMR, CVPP, CCRP, says she breaks down the costs of pain control by the day. "I show clients that pain control is really a very inexpensive part of the process of caring for the animal," she says.

Dr. Downing, hospital director of the Downing Center for Pain Management in Windsor, Colorado, also recommends itemizing pain control in the treatment plan to show that you delivered the service and consider it a necessary part of the procedure, but listing the cost as zero.

"People used to ask all the time, 'Do I need to spend that \$20 for pain management?'" Dr. Downing says. "Today I just don't give them the choice."

## Procrastinator

The Procrastinator values veterinary care and likes your clinic, but finds visits stressful and so is less likely to visit. In these cases, Dr. Downing recommends empha-

## TIP

**Listen and dig into the clients' needs and interests. Take time to form the long-term rapport you need to bond clients.**

sizing the risks of waiting and removing barriers to needed visits, procedures or medications with as much convenience and connection as you can muster.

To do that, she shows:

> Emotional clients that she's bonding with the animal, telling the pet "it's OK, you're OK" to calm a patient and help a client feel at ease

> Left-brain, fact-focused clients that there's a plan, in bulleted highlights, so they feel a sense of quick understanding of the problem and the solution

> Context-hungry clients that their

## TIP

**Smart practitioners can disagree about whether the highest standard is an "always" standard when well-meaning people lack funds or you can't provide the highest care for less every time. Explore your own practice philosophy.**

questions are good and that she takes the time for their "whys and wherefores." (Why is the pet in pain? How do you know? How does this fix it?)

> "Flamboyant" or "expressive" clients that she's a little offbeat herself, with multiple piercings. "In our community we see lots of body art and piercing, especially with millennial clients," she says.

## Avoider

The Avoider is sometimes distrustful and likely has a do-it-yourself mentality. In these cases, Dr. Downing emphasizes the urgency of performing the procedure and providing pain control. "In chronic-pain cases, I explain the pain is real, the pain hurts and we need to deal with it now or we'll deal with it for a very long time."

When it comes to procedures, Downing emphasizes the long-term effects of client decisions made in the moment. "Clients need to know that bad management of acute pain can set up patients for chronic, long-term pain," Dr. Downing says.

## Neglector

The Neglector, the most passive type of pet owner, strongly resists investment in even minimum care. But sometimes Neglectors just don't know what the pet needs. If they care, Dr. Downing says their attitude can change with the right education.

## TIP

**Stop with the "ought to"s and "should"s and start with the "need"s and "deserve"s.**

"When we talk about pain management, we need to use the words 'need' and 'deserve,'" Downing says. "This dog needs this medication. This dog deserves to be pain-free. This cat deserves not to suffer."

## TIP

**Always assume clients don't know how important pain control is and take the time to answer their questions.**

## THE HORRORS OF DR. GOOGLE

### Congratulations, it's a ...

A client brought her 12-week-old puppy in for booster vaccinations. After greeting the two and reviewing the client's pink chart (we use pink for females and blue for males), I began the exam and discovered an abnormal appendage for a female—a penis.

I assumed our receptionist had made a mistake with the chart color, but I said to the client, "You are aware this is a male dog, right?" She said, "No it's not. The breeder told me it was a female." I responded, "Well, ma'am, it's a male," picked the dog up in the air to point to the penis and said, "because this is Mr. Wanky."

The client was dumbfounded. She said that she purchased the "female" dog, noticed the appendage on the belly and Googled "female dog with lump on belly." Dr. Google assured the client that it was an umbilical hernia and nothing to worry about.

Jeremy Keen, DVM  
Jackson, Tennessee



Get the next installment at  
[dvm360.com/horror](http://dvm360.com/horror).

# Play it safe! Do nothing

Why pet owners fear the wrong action far more than no action—and what you can do about it. *By Jim Kramer, DVM, CVPM*

**L**oss is one of the most pervasive of all human experiences. And seeking to avoid loss has a powerful allure, silently playing into almost every decision we—and everyone around us—make.

Loss aversion is a terrific source of both emotional motivation and terrible error—one of many such tendencies hijacking our brains and pushing us toward poor choices. That includes veterinarians, veterinary team members and, yes, pet owners.

## The comfort of doing nothing

People tend to deeply fear taking regrettable action. Acts of commission come with a high emotional price tag. If something bad eventually happens “on its own,” then it was apparently unavoidable ... meant to be ... God’s will ... fate. But if we take action that results in a loss, then we can’t avoid the associated blame, not only from ourselves but also from other stakeholders.

When we take no action, we’re protected by the comfort and safe haven of the status quo. Who can blame us?

**“It was like this when I got here.”**

**“It’s not my fault.”**

The status quo bias is a powerful force in our lives, a bastard child of loss aversion.

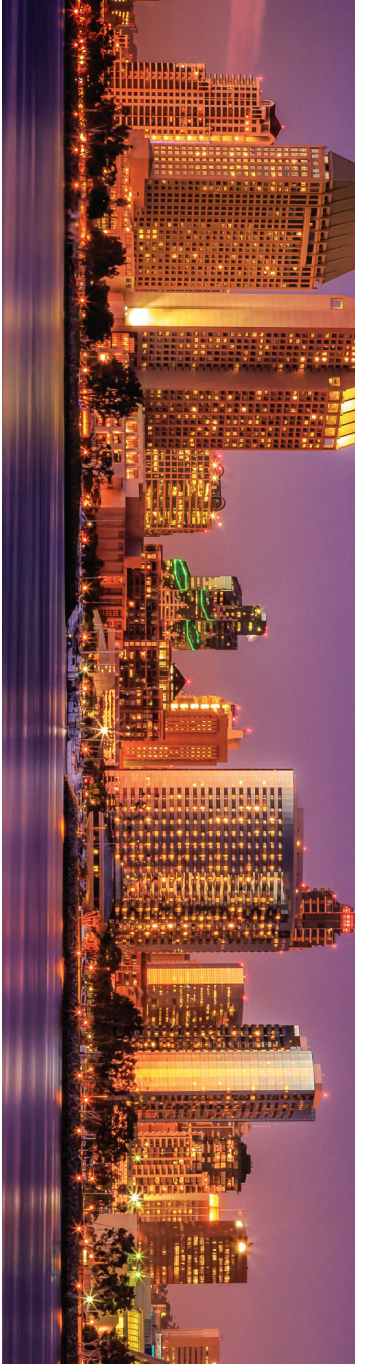
## The case of the bulldog’s tumor

I called a client recently to give pathology results for a tumor we removed from the paw of his bulldog Churchill. (I’ll change the names to protect the innocent, loving pet owners.) By the time Churchill showed

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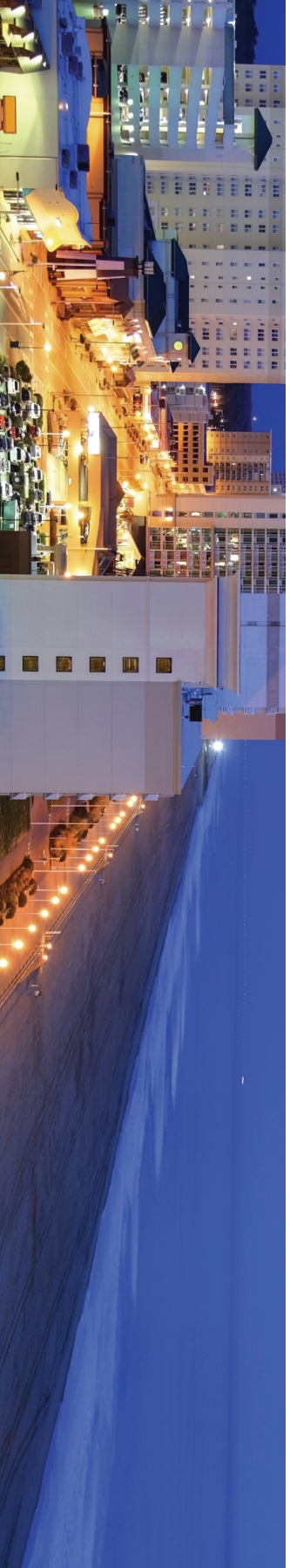


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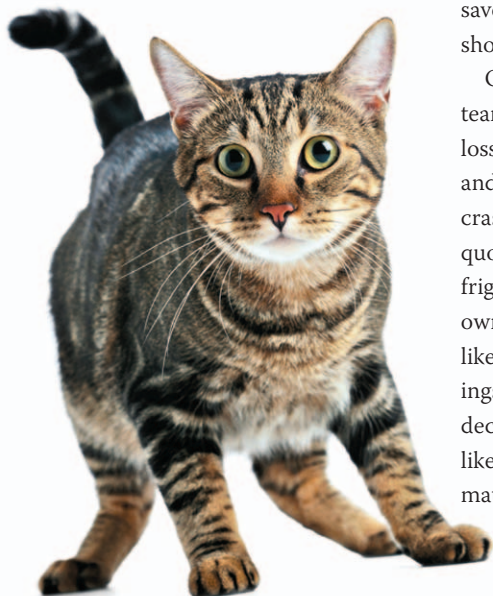




up in my practice, the tumor had already been determined by another veterinarian to be a squamous cell carcinoma. I remember standing in an exam room as Churchill's owner told me, "We need to do everything we can," while his relative stood behind him drawing her hand horizontally across her neck emphatically miming the word "no" over and over.

I assumed the pet owner's relative was concerned that he was spending too much money on a lost cause. At some point in the conversation I intimated that my wife (a veterinarian herself who has been my partner in life and in practice) and I had raised bulldogs for more than 12 years. Suddenly, everything changed. Turns out the problem wasn't the money (yeah, I know—surprising, right?). The problem was she believed bulldogs couldn't survive anesthesia. When she learned we were experienced with anesthetizing bulldogs, she was all for taking action.

Their status quo bias about the safety of anesthesia kept them from taking action



GETTY IMAGES

and let the tumor grow large unnecessarily.

These are intelligent, well-intentioned pet owners who care deeply about Churchill. Even so, their fear of regrettable action became a self-fulfilling prophecy of poor results. The allure of the status quo won out even though the status quo was obviously undesirable.

### **The case of the irrational human—that's you, me and everybody**

Loss aversion and status quo bias are invisible forces that affect all of us. They're unconscious tendencies caused by innate autonomic responses inside our brains that occur without our knowledge. But we can work to overcome them if we're conscious of the power they hold over our thoughts and feelings.

Like the owners of Churchill the bulldog, sometimes we can analyze the actual risks involved of action vs. inaction and make better decisions. Like the Yorkie's owner, sometimes we're too emotional to be won over with reason. We can't save everyone—but that doesn't mean we shouldn't try.

Once we veterinarians and veterinary team members recognize the power of loss aversion we can provide leadership and guidance to help keep others from crashing against the rocks of the status quo bias. We can listen and learn what's frightening or bothering a particular pet owner and help evaluate actual risks and likely outcomes, instead of relying on feelings of perceived risks. And we can make decisions in our own lives based on actual likely outcomes instead of invisible automatic reactions ruled by irrational fear.



Jim Kramer, DVM, CVPM, is a *Veterinary Economics* Editorial Advisory Board member and a partner at Columbus Small Animal Hospital in Columbus, Nebraska.

AND he learned to play blues harmonica driving to farm calls.

**#farmcallblues**  
**#DVMshiddentalents**  
**#allinstrumentsgreatandsmall**

If he's got you interested in the inner workings of the human animal, he recommends these books as a next step:

*Predictably Irrational: The Hidden Forces That Shape Our Decisions* by Dan Ariely

*The Invisible Gorilla: How Our Intuitions Deceive Us* by Christopher Chabris and Daniel Simons

*The Power of Habit: Why We Do What We Do in Life and Business* by Charles Duhigg



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# Break through

## Why do at-home blood glucose monitoring?

In the past we used to think at-home blood glucose monitoring wouldn't change our clinical approach much, but research has shown that in fact it's quite valuable to managing these cases.

One key reason is that it eliminates the inherent variability that's caused by patients coming into the clinic. Bringing a dog or cat into the clinic artificially raises their blood sugar concentrations because of stress. Eliminating that gives us a much more accurate picture.

And, of course, day-to-day blood glucose variations occur. Household routines such as typical feeding and insulin administration times make a difference, and at-home monitoring gives you the most accurate view of what's really going on inside the pet.

Finally, newer intensive insulin proto-

cols that you use to try to get the diabetes to go into remission in a cat almost always require the use of at-home blood glucose monitoring. In these cases, the pet owner will make dosage adjustments based on the glucose readings.

## How do you get clients to agree?

Clearly, some pet owners hesitate about at-home monitoring. They're afraid they can't use the machine, they don't understand how they'll transmit the data to your practice, and they don't think they can get the blood samples. Training is key. You have to convince clients they can do it. The companies that make the machines provide good video training that you can use to make clients more comfortable. And a technician who's good at training can be a real asset in helping clients learn what they need to know.

We also talk to clients about this being a less expensive route for treating the diabetes. If they can monitor the glucose at home, especially in a cat, and get the diabetes to go into remission, it's far cheaper to do an intensive protocol up front than to bear the expense of managing a diabetic cat for years. When clients understand that we're really trying to get their cat to go into remission, it's usually much easier to convince them that they can take on the at-home monitoring.

## Doesn't at-home monitoring lead to decreased office visits?

We encourage clients with diabetic pets to come to the clinic three or four times a year, and we don't see that at-home monitoring decreases the number of times we see them. In fact, we've seen that at-home monitoring can lead to more visits, not

more than

50%

of pet owners reported being fearful of giving injections at the beginning of insulin therapy.

but only

8%

said they remained fearful of injections, and most owners thought their pets were calm when receiving injections.



We asked Dave Bruyette, DVM, DACVIM, how he's using at-home blood glucose monitoring to improve care for diabetic pets, and how he convinces clients to overcome their fear of needles and injections. Here's what he said.

fewer. That may be partly because it selects for a more motivated pet owner. And there are times when you may call the client and schedule the appointment when you see something unusual in the data that you can't manage over the phone or by email.

### So, about all those calls and emails ... Do you charge for that time?

No, but we do steer clients to emails rather than phone calls. Emails take less time for our team to manage, are often more focused and give you written documentation of your exchanges. And you obviously have a lot more flexibility about when you respond, compared with phone calls. Very few of our clients abuse our no-charge-for-email policy, and if we did see a problem, we could come up with a remedy for those particular situations.



Dr. Dave Bruyette is medical director at the West Los Angeles

Animal Hospital and CEO of Veterinary Diagnostic Investigation and Consultation. Dr. Bruyette is a diplomate of the American College of Veterinary Internal Medicine.

### Dr. Bruyette is an interesting guy. Here's why:

1. Just ask him about whitewater rafting in Patagonia. You won't regret it.
2. Dr. Bruyette is funny. Really. Funny. Seriously! (Flip the page to find out where you can catch him next.)

#lifegoals #swagger  
#wewannabehimwhenwegrowup

66%

of cat owners and 50% of dog owners were satisfied with the diabetic control they had achieved with their pets.

**How it was done:** Using an Internet-based survey, the researchers collected information from 834 owners of diabetic pets in the United States (27% dog owners; 73% cat owners). **Scan the code to geek out and read the abstract.**



## ARM UP

Clearly, client education is at the center of diabetes treatment. Here are ready-to-use client education handouts that can quick-start your efforts. Go to [dvm360.com/diabeteshandouts](http://dvm360.com/diabeteshandouts) to download or scan the QR code to preview both handouts.



### My cat has diabetes—now what?

With proper care, this common disease is actually quite manageable and cats can maintain a good quality of life. Here's what you need to know.

**What is it?** Diabetes mellitus is a condition that develops when the body doesn't produce enough insulin or the insulin that is produced isn't sufficient enough to regulate blood sugar levels. As a result, the body doesn't function as well as it should.

**What are the clinical signs?** Cats with diabetes tend to drink a lot of water, urinate frequently and in greater volumes, have a ravenous appetite and, despite the fact that they're eating more, can often lose weight. In some cats, if the disease isn't diagnosed soon enough, a serious condition known as ketonemia can develop and vomiting, diarrhea, dehydration, lethargy and anorexia can occur.

**How is it diagnosed?** The good news is that diabetes is easy and relatively inexpensive to diagnose.

With a simple blood and urine test, your veterinarian can determine whether there's an elevated amount of sugar in your cat's body.

**How is it treated?** With prompt and correct treatment, many cats will go into remission and no longer be diabetic. To do this, your veterinarian will make recommendations about a proper diet and feeding regimen and start your cat on insulin therapy once or twice a day.

**What about follow-up monitoring?** After about a week of insulin therapy at home, your veterinarian will want to perform a glucose curve at the hospital. Over the course of the day, the veterinary team will take blood samples to test your cat's blood sugar levels. Your pet's dose of insulin may need to be adjusted, depending on these results. Because many cats can go into remission, your veterinarian may take a more aggressive approach initially to try to return your cat's blood sugar to a normal level and prevent lifelong treatment. Your veterinarian may also speak to you about monitoring your cat's blood sugar levels at home to reduce the stress of going to the veterinary hospital.

**What is the prognosis for my pet?** Almost 60 percent of cats go into remission with aggressive therapy immediately following diagnosis. Those that don't go into remission do very well and have a good quality of life with treatment. Cats that get diabetes-induced cataracts like dogs, as the goal with treatment is keeping the clinical signs of disease under control.

Information provided by Dr. David Bruyette, a board-certified veterinary internal medicine specialist.



### My dog has diabetes—now what?

With proper care, this common disease is actually quite manageable and dogs can maintain a good quality of life. Here's what you need to know.

**What is it?** Diabetes mellitus is a condition that develops when the body doesn't produce enough insulin or the insulin that is produced isn't sufficient enough to regulate blood sugar levels. As a result, the body doesn't function as well as it should.

**What are the clinical signs?** Dogs with diabetes tend to drink a lot of water, urinate frequently, have a ravenous appetite and, often, despite the fact that they're eating more, can lose weight. In some dogs, if the disease isn't diagnosed soon enough, a serious condition known as ketoacidosis can develop and vomiting, diarrhea, dehydration, lethargy and anorexia can occur.

**How is it diagnosed?** The good news is that diabetes is easy and relatively inexpensive to diagnose.

With a simple blood and urine test, your veterinarian can determine whether there's an elevated amount of sugar in your dog's body.

**How is it treated?** Most of the time, when dogs are diagnosed with diabetes, they remain diabetic for life. So the goal of treatment is to control blood sugar levels, stop the clinical signs, stabilize the dog's weight and prevent the development of any complications. To do this, your veterinarian will make recommendations about a proper diet and feeding regimen and start your dog on insulin therapy twice a day.

**What about follow-up monitoring?** After about a week of insulin therapy at home, your veterinarian will want to perform a glucose curve at the hospital. Over the course of the day, the veterinary team will take blood samples to test your dog's blood sugar levels. Your pet's dose of insulin may need to be adjusted, depending on these results.

Once the ideal amount of insulin is established (and it may take a few glucose curves to get to the right dose), your veterinarian may speak to you about monitoring your dog's blood sugar levels at home.

**What is the prognosis for my pet?** Most dogs do very well and have a good quality of life with treatment. However, cataract development is very common in dogs with diabetes, even with proper home care and regular veterinary visits. The good news? Cataracts can be corrected surgically.

Information provided by Dr. David Bruyette, a board-certified veterinary internal medicine specialist.



# See it now

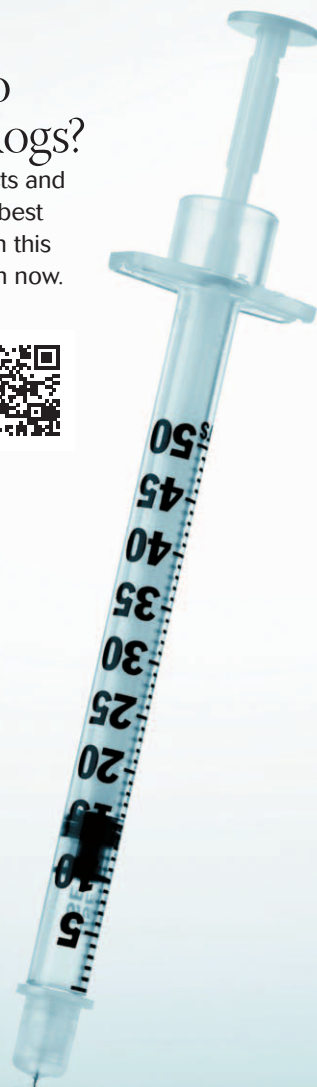
## What are the **best insulin options** to control diabetes in dogs?

Dr. Bruyette discusses insulin products and offers his recommendations on how best to use each one. Hear his thoughts in this video—scan the code below to watch now.



## Let's be frank

Remember all that cool stuff we just talked about? Dr. Bruyette and Karen Felsted, CPA, MS, DVM, CVPM, have a frank talk about the best way to charge—or not charge—clients for consultations while they're performing at-home monitoring for their diabetic pets. Scan the code below to tune in.





# We're *digging* on some beachside CE.

What does sun, sand and expert canine diabetes continuing education have in common? We're gonna have 'em all at CVC Virginia Beach, May 12-15, 2016. Endocrinology expert **Dr. Dave Bruyette** will be there to sweeten the deal with topics like ...

- > How I treat diabetes in dogs
- > What to do when insulin therapy stops working in diabetic pets
- > The keys to identifying and treating acromegaly in cats

This little guy sure is excited.

.....**Can ya dig it?**



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# Not fleas again

If you're tired of fleas, just imagine how creeped-out pet owners feel facing the devil's jumping beans. One more time, doctors, with gusto: Let's go get those bloodsuckers!

By Sarah Wooten, DVM

## A little help here?

Of course! Use these pre-written social media messages to keep clients on the lookout for fleas and to spread the word about parasite control outside the exam room: [dvm360.com/fleaposts](http://dvm360.com/fleaposts)

**M**odern flea products offer excellent residual activity and speed of kill, and still flea control is a thorn in veterinarians' sides—and fleas continue to be a leading cause of pruritus in dogs and cats. Fleas cause everything from alopecia to fulminant dermatitis to behavioral changes, and they can stump you with their persistence.

The worst part for clients is when they show up as a surprise—or won't go away. Why does an indoor-only cat get fleas? Why is a dog that gets a treatment every month still crawling with the bloodsuckers? What do you tell the irritated client who, three weeks ago, started the flea control you recommended and now sees even *more* fleas? Renew your will to fight fleas with these tips and tricks for challenging flea cases from Michael Dryden, DVM, MS, PhD, a.k.a. "Dr. Flea."

### Birthing a menace

The target: *Ctenocephalides felis felis*, the cat flea.



Common hosts: Cats, dogs, opossums, raccoons, domestic rabbits, ferrets and hedgehogs.

**Fun fact:** Squirrels, birds and wild rabbits—you're safe!

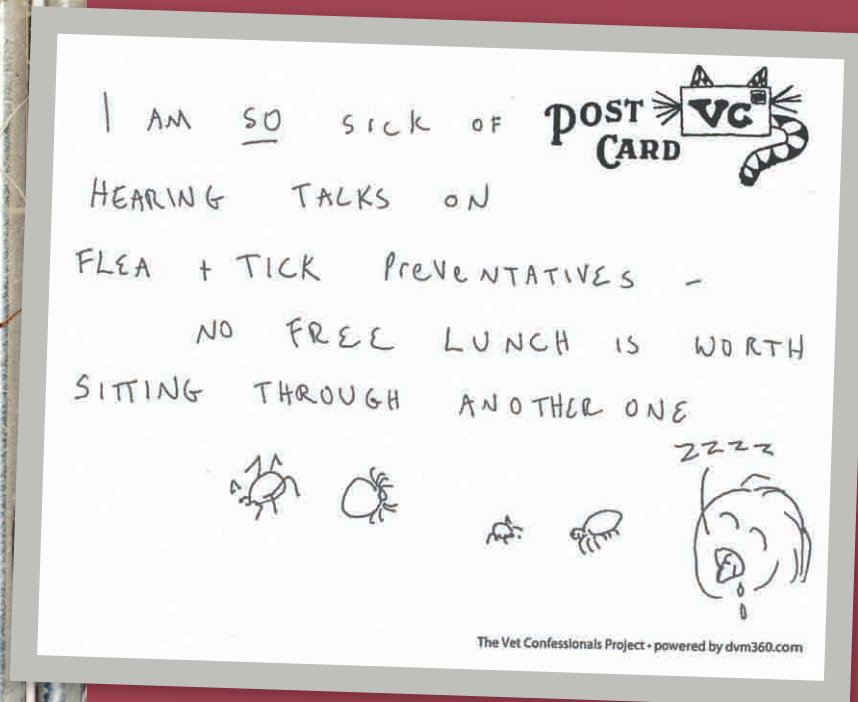
**Bum fact:** Wildlife and feral cats can serve as outdoor sources of flea infestations and reinfestations.

**How it works:** Once a flea lands on a host, it starts eating in seconds to minutes, breeding soon after and laying eggs in 24 to 48 hours.

**Bum fact:** A female flea can lay 40 to 50 eggs per day. These eggs rolling off the host hatch into larvae in three to five days, depending on temperature and moisture. (Visit [dvm360.com/lifecycles](http://dvm360.com/lifecycles) for a client handout on the whole flea cycle.)

Larvae are the most sensitive life stage, requiring flea feces for nutrition, protection from direct sunlight, temperatures in the range of 45 to 95°F and a relative humidity of 50 to 85 percent. Most don't make it to adulthood because of desiccation or starvation. The higher the humid-





ity, the more larvae survive to adults. The cooler the temperatures, the slower the fleas develop and the longer the problem exists.

Armed with this knowledge, we try to control fleas in pets by breaking the pest's life cycle rather than focusing on environmental control. But what do you do when your therapy doesn't seem to be working?



## Seek and destroy

When choosing a product to eradicate fleas, the most important factors are safety and how quickly the insecticide kills fleas over time. The longer the product is on, the higher the likelihood that this residual speed of kill will decrease, eventually slowing down enough to allow fleas to lay viable eggs before they die. (Remember, they only need 24 to 48 hours.)

To prevent reinfestation, you need an insecticide that kills the biomass in 12 to 24 hours as larvae emerge over the next one to two months. Here's your arsenal:

### Nitenpyram

- Excellent for speed of kill but has no residual activity.
- Must be followed by a product that has residual

## Really. It's worth it!

Yes, this is a conversation you have again and again. (And again.) But preventing fleas is an amazing feat. True, clients may not see the drama in the same way as when you perform emergency surgery. But you know it's true. And when you can't solve the problem before they have it, you really do have a disaster on your hands.

By the time pet owners notice fleas, immature flea stages have been developing in the home for up to two months, and the environment is full of fleas hatching and developing. Even when the owner applies insecticide for two to three months, developing fleas can continue to show up on the pet and cause problems. We call this whole load of flea stages in the environment the biomass.

Up to 95 percent of a biomass in a home will develop and complete its emergence in one to two months. Biomass hatches more quickly in warmer and more humid environments. Unless you address this biomass, the flea problem persists.

### When a client says, "The product isn't working," don't roll your eyes (we know—it's tough)

So the owner has treated all the pets with flea control, and in the month after, the number of fleas increases substantially. The pet owner concludes (incorrectly) that the product isn't working. Instead these fleas are emerging from eggs laid weeks earlier. Until the biomass in the home is exhausted, owners will continue to see fleas on pets and in their homes. Depending on the size of the biomass and temperature, this can take up to several months. Don't let this be a surprise or a frustrating new development to your clients. Communicate. Communicate. Communicate.

## Have YOUR TEAM ask 2 questions

**1** "How often do you give your pet parasite prevention?"

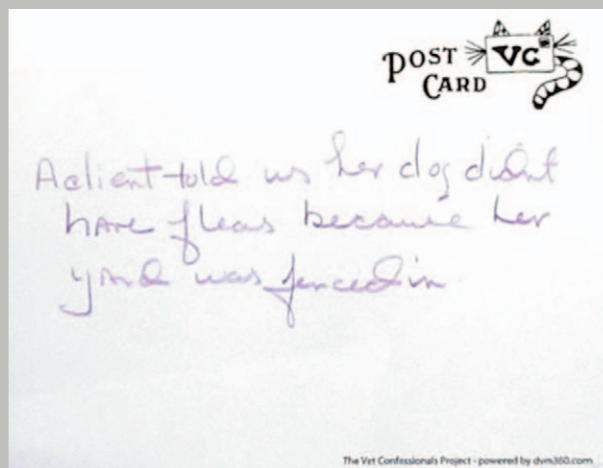
**2** "Do you need any more products at this time?"

From there, use the sample script at [dvm360.com/fleascript](http://dvm360.com/fleascript) to get to the next step with flea conversations at the front desk.

"We've learned that repetition keeps pets healthy—and helps us sell more products," says Brent Dickinson, business manager at Dickinson-McNeill Veterinary Clinic in Chesterfield, New Jersey. "Every member of our team asks clients about parasite prevention. With this approach, even if one person forgets to talk about parasites, we know pet owners still heard the message. And the repetition communicates that parasite prevention is important."

And when the conversation starts in the reception area, he says, even if the client you're speaking with doesn't get the message, other waiting clients will overhear, which may spark another parasite conversation.

A flea fence? We want one. A practitioner submitted this doozy as part of the Vet Confessionals project. (Another one gave us the gem on the previous page.) Submit your own secret or read more at [dvm360.com/vetconfessionals](http://dvm360.com/vetconfessionals).



According to data gathered by the Companion Animal Parasite Council (CAPC) and supported by Bayer HealthCare, pet owners still don't see these parasites with the same level of concern that veterinarians feel. Up the ante by educating your clients about local parasite outbreaks—see [capcvet.org](http://capcvet.org).

speed of kill high enough to kill the fleas before they feed.

### Products with fipronil and S-methoprene

➤ Labeled for one month but may not keep residual speed of kill high enough over time to take out fleas before they feed.

➤ The insect growth regulator in these products is an effective way to disrupt reproduction, but you may need reapplication every four weeks for four months until the biomass is eradicated, especially in pets with flea allergy dermatitis.

➤ A one-month study of residual speed of kill following a single treatment of selamectin, imidacloprid and fipronil-(S)-methoprene against *C. felis* infestations on cats seems to suggest multiple applications are needed in challenging flea infestations.

## 5 biggest gaps in concern for parasites in cats

	% of veterinarians concerned	Gap	% of owners concerned
1. Tapeworms	93%	42%	51%
2. Ascarids, hookworms	89%	39%	50%
3. Ear mites	92%	35%	56%
4. <i>Coccidia</i> species	65%	29%	37%
5. Fleas	94%	24%	71%

➤ The residual speed of kill of flea products on cats decreases throughout the month after application. Products should be reapplied every three weeks in challenging control situations.

### Oral products with spinosad

➤ Start killing fleas within 30 minutes, with total flea kill within four hours.

➤ Labeled to last one month, but in laboratory settings residual speed of kill wasn't found effective 23 days after administration in dogs.

➤ One study found selamectin took up to 48 hours to control (> 90 percent) existing infestation in dogs. For subsequent weekly flea infestations, selamectin had similar or better efficacy than spinosad or spinosad-milbemycin oxime at 24 and 48 hours after infestation. Spinosad-milbemycin oxime and spinosad were 90 percent effective against the KS1 strain from day 1 to day 23. In contrast, selamectin was 90 percent effective against the KS1 strain of *C. felis* from day 2 to day 30.

### Oral isoxazolines

➤ Newer class of drugs with excellent initial and residual speed of kill.

➤ Start killing fleas within two hours; 100 percent of fleas dead within 12 hours.

➤ Shown to last up to 12 weeks.

➤ Like spinosad, cannot be washed off.

➤ Biggest advantage: Residual speed of kill long enough to eradicate biomass.





veterinary economics



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# Help! I'm trapped in the exam room

**Does your old comfy exam-room patter leave you feeling cornered? Break out with these four simple steps.** *By Stephen Tracey*

I feel like everyone today is talking about the “new normal” and the “new economy,” but what’s really new is today’s veterinary client. With less income to spare, today’s pet owners are becoming smarter shoppers who want to spend money on what really counts. In the practice, they’re scrutinizing treatment estimates, questioning charges and refusing services if they find our explanations lacking.

Veterinary medicine’s biggest challenge is explaining exactly what we do for pets and why. We need to start educating clients in the exam room with the same passion we spend treating and preventing disease in pets. Here are four key ways my practice team builds understanding in the exam room.

**1 Engage clients in 1, 2, 3.** Every time our doctors open the exam room door, they’ve got three crucial tasks on their mind. First, they build the bond by warmly acknowledging both the

owner and the pet by name. Next, they show their focus by addressing the reason for the visit within the first few minutes. Finally, they elevate the team by telling the client that the technician has explained the patient history and that they have a few additional questions.


That last step is crucial. When doctors show the importance of the technician, they’re demonstrating to clients that the other faces they see

during a practice visit are valued, trustworthy members of the veterinary team.

**2 Get chatty.** During any physical examination of a patient, veterinarians should discuss what they’re seeing, hearing, smelling and touching. Clients want to know they were right to spend the money and time to take their pet to your practice. They want to see that the physical examination matters.







---

## The No.1 myth pet owners believe about pet insurance

Dr. Eva Evans' team at Rivergate Pet Emergency Clinic in Nashville, Tennessee, regularly recommends pet insurance to help clients manage the lifetime costs of complete pet care. So we asked her what clients misunderstand about pet insurance. The answer:

"Pet owners have a misconception that pet insurance only covers the basics like vaccines and preventive care, and they think it won't cover them for accidents and illness. I educate my team to let owners know that pet insurance actually covers the unexpected illnesses, trauma and emergencies that can cost hundreds or thousands of dollars. For example, some companies offer multiple specialized coverage plans such as cancer-only and accident-only plans that help pet owners afford veterinary care for significant health issues many pets experience. Although people tend to think that insurance is a scam and nothing will be covered, this isn't the case."

---

**3 And then get even more chatty.** When it's time for recommendations, discuss them in detail. Let the pet owner know the probability of each differential diagnosis. This way, you can tailor diagnostics and treatments to the individual pet. If you take a cookie-cutter approach, you run the risk of clients feeling like nameless customers paying for unnecessary tests.

**4 Give clients options—the right way.** Your recommendations can easily cost a client several hundred dollars in the blink of an eye. Consider breaking treatment up over time or giving more than one treatment option.

If you do offer alternative treatment options, don't undercut your plan A. Consider a good example and a bad example:

**> Good:** "Our first approach is Plan A. The reason why we want to do this is ... An alternative approach is Plan B. If we go with Plan B, then we'd need to watch for these serious issues (if the patient is ill) ... or we need to be more careful of things

like (if the patient is well) ... "

**> Bad:** "The best approach is Plan A. Here's why ... We could also try Plan B, which is ... There's also Plan C ..."

Explain honestly and clearly the risks involved with less-aggressive treatment options. But remember that clients may need to choose less-than-ideal treatments for good reason. There's no reason to shame or embarrass them for making what may be a difficult financial or lifestyle choice.

We can be successful, even in the era of the "new client," if we work to fine-tune the relationship between team members, veterinarians and pet owners. And relationships have never been so important. Sit down with your team. Figure out what you can do better. Do it.

*Stephen Tracey is the general manager of Princeton Animal Hospital and Carnegie Cat Clinic in Princeton, New Jersey.*



commentary

# Let's stop hating on the physical exam

By David Robbins, DVM

I am concerned about the role of the physical exam in veterinary medicine. From advanced imaging in referral centers to sophisticated tests available routinely in outpatient settings, technology has altered the way we diagnose, treat and palliate disease. And I think this is changing the way we see the physical exam.

I've seen practitioners blow through history-taking and the physical exam with a speed that makes me wonder if they even value the process. Rather than relying on auscultation to detect a murmur, we use an echocardiogram to tell us a patient has mitral insufficiency. Rather than performing a neurologic exam, we let an MRI tell us our patient has a brain lesion.

Part of the issue is the veterinary schools. I remember taking a physical diagnosis class. The instructor clearly had mixed feelings about the value

of the course, which was a pass-or-no-pass, one-unit class sandwiched between physiology and anatomy. As students, we saw it as a break from the rigors of important subjects.

And once we're in practice, we're afraid. If a physical exam lets a veterinarian diagnose a herniated intervertebral disk with 99 percent probability, there's an almost irresistible urge to perform an MRI to close the gap. So much more is now knowable in veterinary medicine that our profession is viewed as an absolute science. So we shy away from educated guesses based on physical exam findings and practice hyper-defensive medicine out of fear of being sued.

Yet the physical exam has unmatched advantages. It is less expensive, and it can be performed almost anywhere. It lets us more easily make serial

Preach on!  
Or ... this is bull!  
Send us your feedback:  
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observations. And because it involves touch, it enhances the veterinarian-patient-client relationship.

As Sir William Osler said, "Learn to see, learn to hear, learn to feel, learn to smell and know that by practice alone can you become experts." Let's not give that up.



*Dr. David Robbins is a small animal practitioner with more than 30 years of experience in the veterinary field. In his spare time he's an avid Star Trek enthusiast.*

#trekkersunite

## Book it, baby

If you don't yet, it's time to take a cue from dentists and start booking the next wellness visit before clients leave. The Veterinary Hospital Managers Association's Insider's Insights shared these tips from Karen Felsted, CPA, MS, DVM, CVPM.

> **Choose to believe!** You may get a couple of complaints about the change, but most clients appreciate help staying on track with care.

> **Decide who says what.** For example, the doctor might say, "Susan will check you out here and make your appointment for next year so you don't have to remember to do it." Susan will follow up with, "We have two appointments available this day next year, one at 3 p.m. and one at 4—which of



Dr. Karen Felsted

those options works best for you?"

> **Send appointment cards home** with your clients so they can make sure to put their next visit on their calendar.

> **Practice dealing with pushback.** If the pet owner says, "You know, I really have no idea what I'll be doing next year," you could say, "I totally understand—me either! But you can always change it as the time gets closer. I find this really helps me stay on track with my own dentist appointments."

Use your practice management system to set reminders several weeks and then several days in advance of the next year's appointment so the client can change or cancel if needed.



But in order to book, you gotta get 'em in. Here's help! Take the scary out of cat carriers with this advice from Margie Scherk, DVM, DABVP.





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# Up to scratch

You've heard it all before: Data shows cats don't get the same care as dogs, partly because they're harder to get to the veterinary practice. Here's what your peers say they're doing to reverse the trend.

What strategies do you use to encourage cat visits?

Include **images of cats** in marketing materials

70%

Escort cats into exam rooms ASAP to **minimize time in the reception area**

60%

Provide feline-only **exam rooms**

34%

36% Allow cat owners to **separate** themselves from dogs in the reception area

33% Offer **carrier training** and support

26% Offer **wellness plans** that bundle costs

18% Offer **discounts** for kitten or new-cat owners who bring their cat back for a second preventive care visit

Offer **discounts** tailored to cat owners

10%

7% Offer **cat-only appointment** hours

50%

of practice owners who responded to our surveys say...

*I agree, I have influence over the number of cat owners who visit my practice.*

GETTY IMAGES





# Product picks

Get-home-fast products, because 1 in 3 pets gets lost sometime in their lives. (And without ID they don't get home.)

1

## LINKS-IT.

Links-It connectors let pet owners attach tags without cussing or breaking nails, so no more tags tossed in junk drawers. The connectors come in nine colors so clients can pick their favorite. And coordinating ID tags let Good Samaritans know who to call.

2

## SMART RABIES TAG.

This state-approved aluminum rabies tag includes a QR code on the back that provides contact information for the owner and veterinary clinic. A GPS feature lets a smartphone user scan the tag and alert the owner to the pet's location.

3

## AVID FRIENDCHIP.

The Avid FriendChip provides permanent, unique identification for pets. (Or livestock, if you need that.) The chip is not affected by X-rays or MRI and will outlast the life expectancy of most pets.

4

## PETLINK COMPACT MAX.

This pocket-sized universal scanner has a peripheral antenna for top-of-range reading distances and a long-lasting lithium battery that can be charged using a USB cable. The scanner can read companion animal microchips that operate on all frequencies.

Learn more about these specific products and the companies that offer them and browse other related products in these categories:

**Identification systems**  
[dvm360.com/idproducts](http://dvm360.com/idproducts)

**Leashes, tags and collars**  
[dvm360.com/tagproducts](http://dvm360.com/tagproducts)

**Microchips**  
[dvm360.com/microchipproducts](http://dvm360.com/microchipproducts)

# HELPFUL STUFF



## Tree at noon: A real world dental radiography hack

Heidi Lobprise, DVM, DAVDC, is a veterinary dental expert with Main Street Veterinary Hospital and Dental Clinic in Flower Mound, Texas. She offers this tried-and-true “think about it differently” tip for positioning when you’re taking dental radiographs.

If you aim the X-ray perpendicular to the film, when the tooth and film are not right up against each other, it’s much like a tree at noon that casts no shadow. So an X-ray perpendicular to the film is too short.

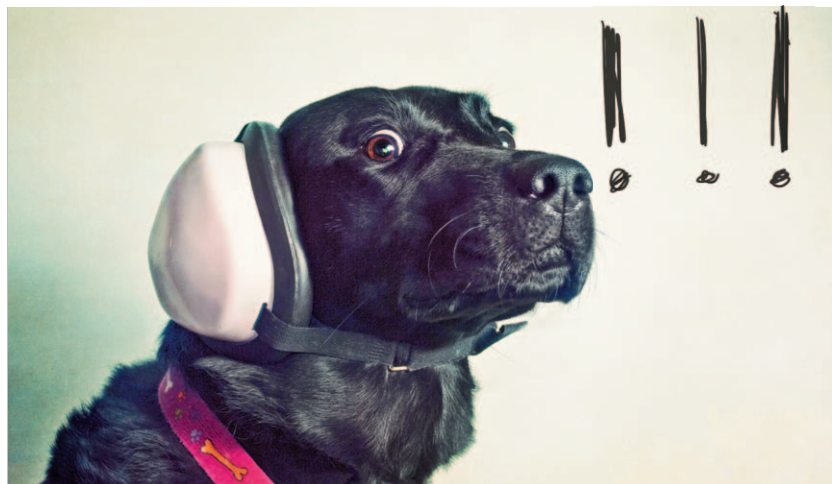
It can also help to visualize it this way: Imagine you are the beam. Where would you need to go through the tooth to make an image on the film?

## Please stand back (waaay back) while we talk about halitosis

More pet owners than you’d think still believe one or more of these dental health myths:

- > Pets are supposed to have bad breath.
- > Pets don’t need regular oral hygiene.
- > Pets’ mouths clean themselves.
- > Cats don’t need dental care.
- > Cats have stinky breath because they eat smelly foods.

This free handout can help you educate clients about key signs of dental disease and the importance of preventive care. Go to [dvm360.com/badbreath](http://dvm360.com/badbreath) to download now.



## Noise alert! Take an inventory

Reducing noise is a great way to reduce pets’ stress during practice visits. And while every hospital’s noises are different, there are some common anxiety triggers. Use this checklist from Mikkel Becker, CPDT, to help your team identify the sounds in the waiting room, exam room, treatment area and kennels that could be affecting your patients’ comfort and behavior. Go to [dvm360.com/noisechecklist](http://dvm360.com/noisechecklist) for more.

Then watch your patients for additional clues. What happened immediately before the pet swiveled or lowered or erected her ears? If she alerted, flinched or fled, was it because of a noise you can identify?

## It’s a sore spot

Pet owners hate to see their furry friends in pain, but sometimes they aren’t sure what to do when they spot a sore. Help your clients understand what sores are, where they come from and what to do (ahem, bring the pet in to get checked!) when they see a sore. Even if there’s no easy answer, this handout helps educate clients on common dermatologic issues associated with sores—and how you’ll help them heal. Download the handout now—just visit [dvm360.com/sorespot](http://dvm360.com/sorespot).





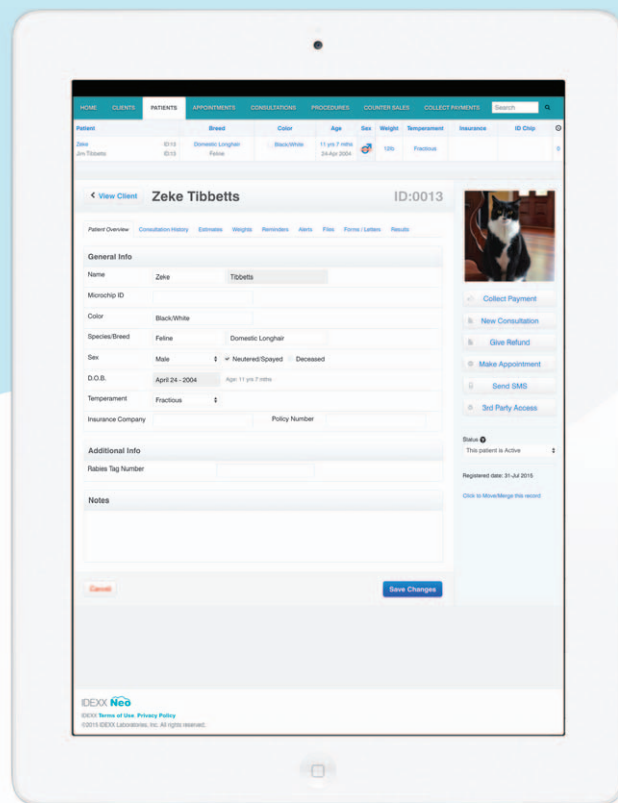
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FROM YOUR VETERINARIAN

# Oh, the *miserable* itch

Itchy skin and scratching are more than just an annoyance, they're a clear sign that something's wrong.

Itchy skin makes your pet miserable—and your pet's relentless scratching, licking, and chewing can drive you crazy, too. Your pet may have one itchy spot, or he may tickle all over.

## Causes

When you see your pet buried nose-deep in fur, frantically nibbling his skin, what's the first thing you think of? Fleas, of course—and for a good reason. Many pets are allergic to flea saliva and develop severe itchy reactions to flea bites. Food or inhalant allergies also cause itchy skin.

Sarcoptic mange, a highly contagious skin condition of dogs, causes an intense itch accompanied by crusty lesions and hair loss. Pets who spend time outdoors are especially susceptible to ear mites, pesky parasites who take up residence in your pet's ears, causing a ferocious itch.

## What you can do at home

First, examine areas with little hair—like the abdomen and groin—for flea footed fleas. You may also find black specks on his skin that look like pepper—this "flea dirt" is actually flea feces. If you get a glimpse of one of these tenacious parasites, ask your veterinarian about treatments for your pet and your home. Your pet's doctor also will recommend a monthly flea preventive to keep those hungry bugs from dining on your pet.

If your dog or cat suffers from mildly itchy skin, a lukewarm bath and medicated anti-itch shampoo can ease your pet's discomfort. If your pet scratches at a small area, you can apply a soothing anti-itch lotion or spray.

## When to call the veterinarian

In most cases, you'll need to take your pet to the veterinarian to diagnose and treat the cause of itching. Don't delay, because a fierce scratching can damage your pet's skin in no time. Often, scratching starts a vicious cycle: The pet scratches, irritating his sensitive skin. This leads to more scratching and infection with itchy and painful sores.

## What your veterinarian will do

The veterinarian will ask about your pet's scratching and other symptoms and will perform a physical examination, focusing on the skin. After a flea check, the doctor may take skin scrapings to identify mites or an ear swab sample to expose ear mites. If the veterinarian suspects ringworm, he or she also may perform a fungal culture.

Your pet may need additional skin tests to identify any allergies, depending on the severity of the condition. If your veterinarian suspects your pet is allergic to an ingredient in its food, he or she will recommend an exclusion feeding trial: You simply switch your pet to a special hypoallergenic diet for several weeks to see if he stops scratching. Be sure to follow the feeding trial instructions to the letter.

The veterinarian will not only treat the cause of the itching, he or she may prescribe antihistamines or corticosteroids to control the scratching. Special shampoos and cream rinses also can help relieve your pet's itchiness. Once the itch is gone, your pet can focus on more important things—like spending time with you!

GETTY IMAGES/SCOTTORIN

## Ditch the itch

*Buster—quit that scratching!* So many pet owners are unsure of what's normal and what's not when it comes to pets' itchy skin. Use this handout to help pet owners understand ...

- > what causes itchy skin
- > what they can do at home to help Buster out
- > at what point they should call their veterinarian
- > what you'll do to help calm Buster's pesky itch

Your clients need to know that itchy skin is more than just an annoyance—it's a sign that something is probably wrong. Visit [dvm360.com/miserableitch](http://dvm360.com/miserableitch) to download the handout or scan the code below and come to the rescue for itchy pets everywhere.



## Head-to-head battle of the PIMS!

The [dvm360](http://dvm360.com) team gathered details on more than a dozen veterinary practice software programs (or PIMS if you're wonky—project information management system) looking for your one and only.

This newly compiled comparison chart ([dvm360.com/software](http://dvm360.com/software)) offers you details on cost, training options, records transfer, technical support and more. But obviously, even that information will NOT authoritatively answer the question of which software *you* should buy or switch to. You need to spend some time ...

> deciding which features are most critical to you—and which ones you

couldn't care less about

- > asking detailed questions of software salespeople and, even more importantly, colleagues you trust for their harsh or joyful opinions of their PIMS

- > checking reviews and software websites online to make sure the companies look reputable

- > playing with the systems that make your top two or three—either as a trial version in your hospital or with a comprehensive



hands-on demonstration at a conference (CVC Virginia Beach, anyone?).

If that sounds like a lot of work and now you're sighing and angrily flipping the page, **don't!** You deserve software that solves problems you never thought could be solved, helps you capture charges and work

efficiently (and happily) each day, and comes from a company with a proven track record. **Keep this in mind:** A lot of practice owners through the years have told us their biggest regret, once they settled on a great new practice software, was waiting so long to make the switch.



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# HOSPITALS BY DESIGN

## In the comfort zone

You don't have to redesign your clinic from scratch to build in these features. Nothing says "Best. Hospital. Ever." like coffee and potty stations. (You KNOW it's true.)



### A pet potty

"What does a dog have to do to get a break around here?" The New Hope Animal Hospital team in Rogers, Arkansas built in this perfect spot for excited and car-confined pets to do their business before entering the hospital, says veterinary architect Dan Chapel. And which of you doesn't want to cut back on accidents inside? "If they use it, it'll prevent extra cleanups and save the embarrassment of the clients," Chapel says. "If they don't use it, at least clients know you provided it for their convenience." (Photo courtesy of Dan Chapel)

### Get inspired!

We've got loads of design inspiration by way of photos—everything from award-winning hospitals and floor plans, to reception areas and exteriors. Browse our archives to get inspired at [dvm360.com/hd](http://dvm360.com/hd).



### Soap and sparkle

It is true that clients sometimes have unavoidable bodily needs. So do 2-year-olds. Which is even tougher. So it's also important to offer them a bathroom. It's a big deal that it be stocked with paper towels, soap AND toilet paper. And although we know clients often stink at cleaning up after themselves, ideally your bathroom will display a level of cleanliness that makes a client feel reasonably certain you understand what "sterile environment" means. Yep. Got it. Completely unreasonable. (Photo by Geoff Nesossi, Nesossi Studios)



### Cuppa joe (or even organic green tea)

Palm Beach Veterinary Specialists has a particularly spacious lobby, so they really blew out this coffee station with special seating, fresh brew, baked goods and even WiFi provided. But almost any practice can find a corner for a coffee machine, and nothing says "thanks for coming by" like a nice hot cup of java. (Photo courtesy of CJ Walker | CJ Walker Photographer Inc.)





### Playstation 4 (kids, that is)

Even some coloring books in a corner can help send the message that you understand the challenges of managing both a pet and a child who are likely suffering a disruption in their normal routine by making a visit to your practice. At Winslow Animal Hospital in Sicklerville, New Jersey, they developed the idea a bit more, offering a children's play area in the waiting room. (Photo by Stavra Kalina, Stavra Kalina Photography)



### Zen nooks

Offering pets (and pet owners) a chance to separate themselves from other pets (and pet owners) who might cause them undue stress is one thing you can do to get visits started right. And that doesn't necessarily mean you need separate cat and dog waiting areas. At Cleveland Park Animal Hospital in Greenville, South Carolina, the team uses small nooks to offer comfortable seating and keep sight lines to a minimum. (Photo by Russell Lowery, Commercial Imaging)



More design goodness is always available at [dvm360.com/hd](https://dvm360.com/hd) or you can pin to your dream board from our dreamy dvm360 Pinterest boards.



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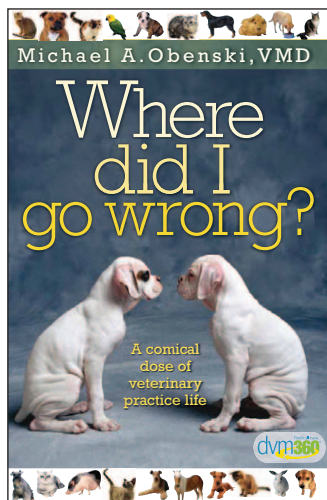
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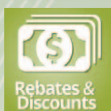




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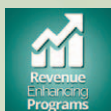
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*Helen Green, DVM  
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"The Hive is a new feature at TVC. I love having the ability to get questions about promotions and programs answered and I can ask questions, too. It's great to see the group come together to help a member if they have a challenging business situation or a medical case. It's like having a close colleague...well, hundreds of close colleagues...who are just a mouse-click away!"

*Laura Betts, DVM  
Owner, Parkdale Animal Hospital Manistee, MI*

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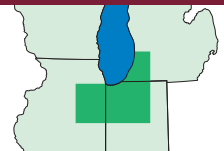
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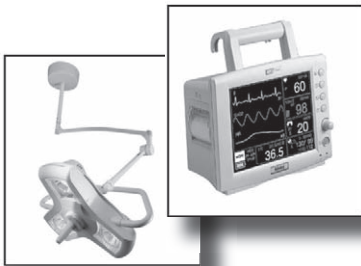
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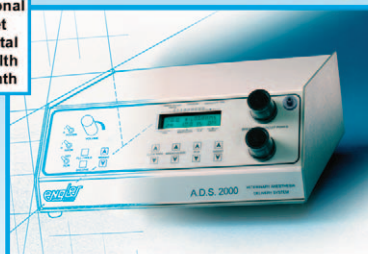
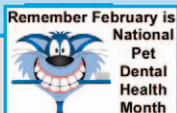
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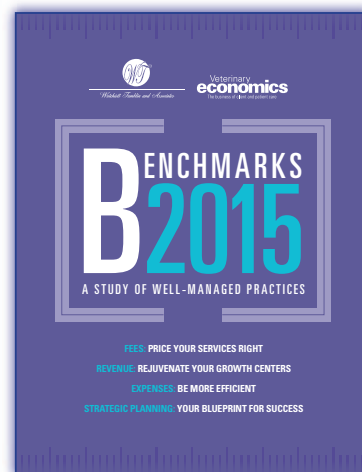
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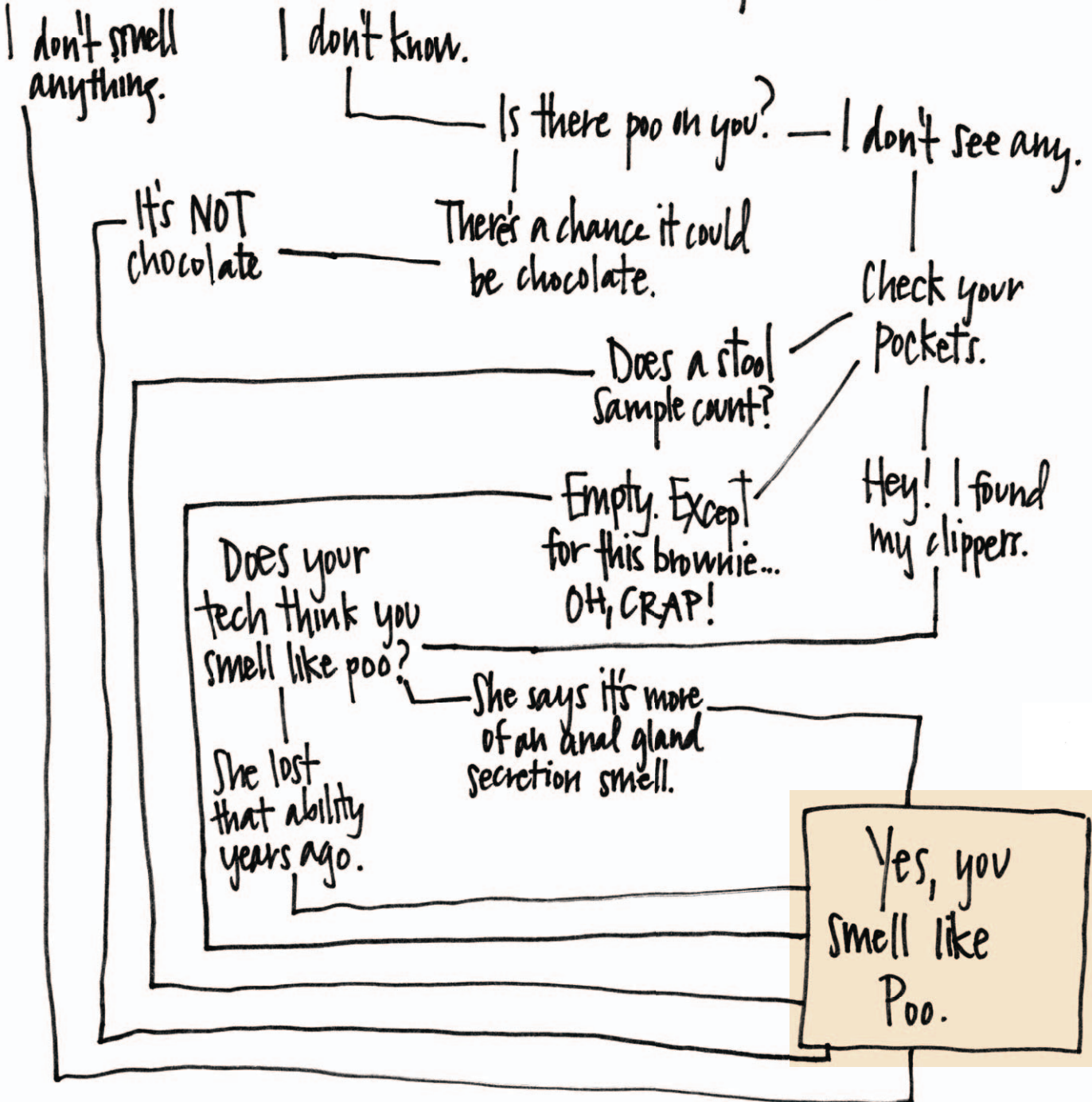
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# Predictable Relief for Your GI Cases

## i/d® Digestive Care Canine Portfolio

**Gastrointestinal disorders are common.** In fact, 34% of dogs can experience vomiting or diarrhea in a 2-week timespan.<sup>1</sup> These complex disorders encompass a wide range of acute and chronic disease conditions, which makes choosing a food tailored to each condition essential.

Hill's® Prescription Diet® i/d® Digestive Care canine portfolio features four palatable, highly digestible foods. Each formula has a specific purpose; a nutritional solution for almost any GI disease or disorder can be found within the portfolio:

- **Prescription Diet® i/d® Canine** can be used for the most common GI disorders — especially when a specific diagnosis has not been made and is clinically proven to settle digestive upset in as little as 3 days.<sup>2</sup> It is recommended for short-term management of acute GI upset and recovery or urgent care.
- **Prescription Diet® i/d® Low Fat Canine** is recommended for management of chronic diseases (e.g., pancreatitis, hyperlipidemia, protein-losing enteropathy and exocrine pancreatic insufficiency). Clinically proven to calm and soothe the digestive tract, this formula has been shown to decrease fasting serum triglycerides in hyperlipidemic dogs.<sup>2</sup>
- **Prescription Diet® i/d® Stress Canine** is recommended in dogs up to 30 lbs for the management of acute, intermittent, or chronic stress-related GI disorders, as well as for long-term control of anxiety in otherwise healthy dogs. Beneficial ingredients include:
  - o hydrolyzed casein to manage anxiety<sup>3</sup>
  - o prebiotic fiber to restore the balance of intestinal microflora<sup>4</sup>
  - o ginger to protect/relax the GI tract.<sup>5-7</sup>
- **Prescription Diet® i/d® Sensitive Canine** is the only food in the Prescription Diet i/d Digestive Care portfolio that contains a single intact animal protein and select carbohydrate source. It is recommended for management of chronic enteropathies (including chronic food-responsive enteropathies), and mild-to-moderate inflammatory bowel disease.

Hill's extensive i/d portfolio is an example of our unparalleled commitment to pet well-being, and our mission to help enrich/lengthen the special relationships between people and their pets.

For more information, visit **HillsVet.com** or follow us on Twitter @hillsvet.

<sup>1</sup>Hubbard K, Skelly BJ, McKelvie J, Wood JLN. Risk of vomiting and diarrhea in dogs. *Vet Rec.* 2007;161(22):755-757.

<sup>2</sup>Data on file, Hill's Pet Nutrition, Inc.

<sup>3</sup>Beata C, Beaumont-Graff E, Diaz C, et al. Effects of alpha-casozepine (Zylkene) versus selegiline hydrochloride (Selgian, Anipryl) on anxiety disorders in dogs. *J Vet Behav.* 2007;2(5):175-183.

<sup>4</sup>Gibson GR, Roberfroid M, eds. *Handbook of Prebiotics*. Boca Raton, FL: Taylor & Francis Group; 2008:1-22.

<sup>5</sup>Grzanna R, Lindmark L, Frondoza CG. Ginger—An herbal medicinal product with broad anti-inflammatory actions. *J Med Food.* 2005;8(2):125-132.

<sup>6</sup>Haniadka R, Saldanha E, Sunita V, et al. A review of the gastroprotective effects of ginger (*Zingiber officinale* Roscoe). *Food Funct.* 2013;4(6):845-855.

<sup>7</sup>Ghayur MN, Gilani AH. Pharmacological basis for the medicinal use of ginger in gastrointestinal disorders. *Dig Dis Sci.* 2005;50(10):1889-1897.

