

Chronic Disease Management for Small Animals

W. Dunbar Gram | Rowan J. Milner | Remo Lobetti



WILEY Blackwell

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Preface

The goal of this first edition of *Chronic Disease Management for Small Animals* is to provide a textbook aimed at the management of chronic diseases in dogs and cats. The format of the book is concise so veterinarians quickly can find answers to questions relating to chronic diseases. This book is not intended to be another internal medicine textbook, but rather serve to catch a reader's attention and to educate regarding compassionate therapies for chronic diseases.

Virtually all a veterinarian's professional education is focused on acquiring and assimilating knowledge to properly diagnose and cure diseases. With experience, we realize that a significant part of our day is devoted to managing chronic conditions, for which there is no cure. This reality can be a challenge not only for the veterinarian but also for the owner/caregiver. The steps required to make a correct diagnosis often require less financial and emotional commitment than long-term therapy and management. Client education and "shared decision making" are critical components of

successful therapy with the goal of improving both the patient's and the client's quality of life.

This book is aimed at both the recent graduate and seasoned practitioner. The recent graduate, with some level of comfort in the diagnosis and treatment of diseases, soon discovers that chronic and incurable conditions often require a different approach than what was taught in veterinary school. For the seasoned practitioner who has achieved success in the management of chronic diseases, the benefit of the book is an up-to-date reference guide.

The book is divided into three parts. Part One on Communication and Caregiving, is aimed at the impact chronic disease has on the quality of life for both the patient and the owner/caregiver. Part Two, which forms the bulk of the book, deals with chronic diseases outlining diagnostics, therapeutics, quality-of-life and end-of-life decisions. Part Three focuses on hospice care and end of life. It covers client and patient needs, quality of life, cultural sensitivities, dying naturally, euthanasia, and death.

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Part One

Communication and Caregiving

1

Communication, Caregiving, and Chronic Disease

Dani McVety

Introduction

Disease is often conceptualized as a temporary state and recovery as close as a single dose of medication, a round of antibiotics, or a few days of rest. Sometimes the “quick fix” doesn’t resolve the issue. Instead, we are left with the realization that sickness and death do not happen because medicine fails. Sickness and death happen because breakdown is the natural aging of biology.

Veterinary medical schools are designed to prepare their graduates for the practice of medicine. How prepared they are is directly related to how those institutions define that practice. Is it merely the ability to apply diagnostics and treatment protocols, surgical preparedness, and so forth? Or does the practice of veterinary medicine include something more: the ability to define and seek an optimal outcome when there is no quick fix or any fix at all?

Veterinarians need to graduate with the knowledge, experience, and resources clients need and expect to properly handle these situations. Veterinarians must learn and apply other nonmedical skills if they expect their medical knowledge to be put to good use, particularly in situations of chronic disease management. These nonmedical skills include displaying empathy and active listening. So what is the importance of learning these skills and methods that go beyond veterinary medical science? Simply put, these

tools are needed when treating patients with chronic diseases.

Empathy, active listening, and other non-medical skills form the solid rock upon which the veterinarian stands when implementing medical knowledge to the highest potential allowed by the client. Only by establishing rapport and trust with clients will veterinarians help them expend their financial, emotional, time, and physical resources to make the investment necessary to improve the health, well-being, and quality of life of their pet.

Managing chronic disease brings a great deal of change for both the patient and the family. This change can happen both quickly, in the form of a terminal diagnosis, and/or subtly, in the form of symptomatic changes evolving over a period of time. Establishing this solid trust-based relationship is particularly important. Therefore, how a veterinarian establishes a relationship with a client, then delivers the news of change, and finally manages the emotions surrounding the change may determine whether medical treatment is facilitated for the well-being of the pet. Because veterinarians have the obligation to deliver the best medical care to patients, which hinges almost entirely on the veterinarian–client relationship, they must develop and utilize the skill sets necessary to communicate with, find common ground with, and persuade their clients.

Box 1.1

It would be interesting to investigate how veterinarians may be impacted in situations where the client could not serve as legal proxy.

In veterinary medicine, our clients served as proxy for their pet's wishes in almost every interaction they have with a veterinarian. As veterinarians, we have two parties to serve; the owner/client and the patient. (Shelter medicine is the only exception to this rule, as treatment of animals in a shelter setting rarely include an owner.) In human medicine, the client and the patient are generally one person. Even in pediatric medicine, the parent is the guardian of the child, not the owner of the child. The parent generally has the levery to make decisions, but if that decision is not in the best interests of the child (as reasonably determined in a court of law), then the parent will lose the ability to make decisions for that child. In fact, it took a groundbreaking case in 1984 (*In re Guardianship of Barry*, 445 So.2d 365 (Fla. 2d DCA 1984)) to determine that a parent *can* serve as proxy for their dying infant child's wishes, allowing the removal of life support in this case.

And particularly in cases involving chronic disease, we remove "life support" frequently in many different ways. Legally, clients are owners of the patient and our communication and established rapport with that owner is imperative if we are to gain the trust such that our medical knowledge will be put to use for the betterment of the pet and/or the treatment of a disease.

This first chapter will explore how veterinarians can properly implement techniques to communicate the ideas learned in medical school to the client to improve the treatment and/or supportive care for the betterment of the chronically/terminally ill or aging pet. We will then discuss various specific skills that will aid the veterinarian in setting up the conversation appropriately, ensuring all parties are on the same page, learning how to adjust one's communication under certain difficult situations, and, finally, having the conversation about potentially ending a pet's life to mitigate pain and suffering.

Overview

You are more likely get back on a horse if your dismount is smooth rather than if you are bucked off. The trauma of a difficult dismount may hinder your desire to return to the saddle; pet ownership is similar. When clients have a peaceful end-of-life experience with their pet, they will heal more quickly, return to pet ownership more quickly, and more readily be back in your clinic. The clients that feel that the loss of their pet is "so traumatic, there's just no way I'll ever get

another dog" are usually the ones that we want to have adopt another animal! Those are the clients that truly care for their pets, providing good medical care and giving animals safe and loving homes.

This end-of-life experience applies to more than the actual euthanasia process. The experience begins much sooner, when a chronic or terminal condition arises, even if that condition is simply "old age." The presence of an undesirable situation leaves the client feeling cornered. Emotions are heightened. There is more sensitivity to a veterinarian's communication. Each may contribute to the client's difficulty in making a decision on a treatment plan. Therefore, how veterinarians respond and adjust their communication in this tense situation will impact whether treatment plans are accepted, productive, and helpful to the pet and client.

In this chapter, we will first explore the mentality of clients by understanding the emotional impact of chronic disease. We will explore how to establish relationships with clients, how they respond to stress, how to best approach clients, and finally how to adjust your verbal and nonverbal communication to reach maximal effect and avoid conflict.

Impact of Chronic Disease on Quality of Life for Both the Patient and Caregiver

Veterinary medicine aims to recognize and effectively manage pain in a way that decreases suffering and increases the patient's quality of life for those pets with chronic conditions. In assessing and determining quality of life, the term "quality" has many meanings. Essentially, "quality" signifies a "general characteristic or overall impression one has of something" (Welmelsfelder 2007). Veterinary professionals recognize quality as a separate entity from quantity, as the concept "more is better" is not necessarily true. Therefore, to optimize an ill patient's quality of life, the veterinarian might encourage treatments that favor the patient's perception of welfare rather than longevity.

Illustration of the above concept is seen through the treatment options for a pet diagnosed with cancer. The characteristic methods of cancer treatment are typically surgery, chemotherapy, and/or radiation. Upon evaluating the type of cancer, how quickly it grows or spreads, and its location, a veterinarian must weigh the effects of treatment to the patient's quality of life. This information is then shared with the caregiver, and together, they make an informed decision based on the client's ability to pay for, provide, and emotionally handle the care associated with extended treatment.

For instance, when deciding whether to perform surgery, the veterinarian should determine whether the costs to the animal outweigh the benefits. If the removal of a large tumor also requires removing a vital organ, thus resulting in the loss of an essential bodily function, the costs largely overtake the benefits. If the patient must live in anguish to increase lifespan, it is best to choose an alternative route that allows instead for comfort and contentment. However, if the treatment offers longer life expectancy in addition to a positive prognosis with only acute adverse effects, it is worth

further exploring. Often, those associated acute conditions can be remedied with medication or simple lifestyle changes, generating a wise investment in exchange for long-term well-being.

To understand how chronic diseases impact a companion animal, there must first be a clear understanding of what quality of life is and how it is assessed. We can expand on the previous definition of the term "quality" by defining "quality of life" as "the total well-being of an individual animal" (August *et al.* 2009). Although definitions of the term vary, most can agree that quality of life encompasses the physical, social, and emotional components of the animal's life (August *et al.* 2009) in the current daily environment.

Although veterinary medicine has made vast improvements in assessing quality of life, it wasn't until the past decade that it has been extensively studied and measured in companion animal medicine (Lavan 2013). Due to its complex nature and modernism, no accepted standards or protocols currently exist (August *et al.* 2009); however, various quality-of-life surveys have been developed and are tailored toward many of the individual chronic diseases. Overall, these questionnaires evaluate a combination of physical versus nonphysical factors, including needs satisfaction, sense of control, social relationships, physical functioning, hygiene, mental status, and management of stress (see Figure 1.1). The principal aim of the surveys is to broadly assess and evaluate over time the states and changes of comfort or discomfort (Lavan 2013).

Due to the common element of self-reporting in determining quality of life, which is obviously not possible for animals, research has been done to support and establish signs, symptoms, mannerisms, and other qualitative measures people can use to gauge this. Although many hope for a more scientific approach to quality for an animal, its primary reliance remains on human perception and interpretation (Welmelsfelder 2007). Hence, studies show that the skill to communicate with a companion animal is age-old and does



Pet's Quality of Life Scale

When evaluating the quality of life of your pet, personalized patient and family information is important when reaching an educated, informed, and supported choice that fits not only your pet's medical condition but also your wishes and expectations. In short, *quality of life* applies not only to the pet; it also applies to you!

Score each subsection on a scale of 0–2:

0 = agree with statement (describes my pet)

1 = some changes seen

2 = disagree with statement (does not describe my pet)

Social Functions

- Desire to be with the family has not changed
- Interacts normally with family or other pets (i.e., no increased aggression or other changes)

Physical Health

- No changes in breathing or panting patterns
- No outward signs of pain (excessive panting, pacing, and whining are most commonly seen)
- No pacing around the house
- My pet's overall condition has not changed recently

Mental Health

- Enjoys normal play activities
- Still dislikes the same thing (i.e., still hates the mailman = 0, or doesn't bark at the mailman anymore = 2)
- No outward signs of stress or anxiety
- Does not seem confused or apathetic
- Nighttime activity is normal, no changes seen

Natural Functions

- Appetite has stayed the same
- Drinking has stayed the same
- Normal urination habits
- Normal bowel movement habits
- Ability to ambulate (walk around) has stayed the same

Results:

- 0–8 Quality of life is most likely adequate. No medical intervention required yet, but guidance from your veterinarian may help you identify signs to look for in the future.
- 9–16 Quality of life is questionable and medical intervention is suggested. Your pet would certainly benefit from veterinary oversight and guidance to evaluate the disease process he/she is experiencing.
- 17–36 Quality of life is a definite concern. Changes will likely become more progressive and more severe in the near future. Veterinary guidance will help you better understand the end stages of your pet's disease process in order to make a more informed decision of whether to continue hospice care or elect peaceful euthanasia.

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Figure 1.1 Quality of life scales.

Family's Concerns

Score each section on a scale of 0–2:

0 = I am not concerned at this time.

1 = There is some concern.

2 = I am concerned about this.

I am concerned about the following things:

- | | |
|--|--|
| <input type="checkbox"/> Pet suffering <input type="checkbox"/> Pet dying alone <input type="checkbox"/> Not knowing the right time to euthanize <input type="checkbox"/> Concern for other household animals | <input type="checkbox"/> Desire to perform nursing care for your pet <input type="checkbox"/> Ability to perform nursing care for your pet <input type="checkbox"/> Coping with loss <input type="checkbox"/> Concern for other members of the family (i.e. children) |
|--|--|

Results:

- 0–4 Your concerns are minimal at this time. You have either accepted the inevitable loss of your pet and understand what lies ahead, or have not yet given it much thought. If you have not considered these things, now is the time to begin evaluating your own concerns and limitations
- 5–9 Your concerns are mounting. Begin your search for information by educating yourself on your pet's condition; it's the best way to ensure you are prepared for the emotional changes ahead
- 10–16 Although you may not place much value on your own quality of life, your concerns about the changes in your pet are valid. Now is the time to prepare yourself and to build a support system around you. Veterinary guidance will help you prepare for the medical changes in your pet while counselors and other health professionals can begin helping you with anticipatory grief

Discuss these questions below, and the entire Quality of Life Scale, with your veterinarian.

Below are some open-ended questions that assist gauge your family's time, emotional, and (when appropriate, financial) budgets:

1. Have you ever been through the loss of a pet before? If so, what was your experience (good or bad, and why)?
2. What do you *hope* the life expectancy of your pet will be? What do you *think* it will be?
3. What is the ideal situation you wish for your pet's end of life experience? (at home, pass away in her sleep, etc.)

Suggestions on using this quality of life scale:

1. Complete the scale at different times of the day, note circadian fluctuations in well-being. (We find most pets tend to do worse at night and better during the day.)
2. Request multiple members of the family complete the scale; compare observations.
3. Take periodic photos of your pet to help you remember their physical appearance.

Resources:

1. AAHA/AAFP Pain Management Guidelines for Dogs and Cats, www.aahanet.org/Library/PainMgmt.aspx
2. Online hospice journal and quality of life scale: www.PetHospiceJournal.com

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Figure 1.1 Continued

not need scientific validation to prove its worth (Welmelsfelder 2007).

The best approach to assessing animal quality of life is through a combination of interpretation of behavior and physical traits by both the caregiver and the veterinarian over time. The animal's owner has the day-to-day first-hand experience of understanding changes in mannerisms and personality. Owners also typically administer treatment at home and are the first to notice their pet's reaction, such as side effects to medications or response to a procedure or therapy. Correspondingly, veterinarians play the vital role of determining and communicating the options and effects of various treatments. Healthcare providers offer the knowledge of species- and breed-specific behavioral repertoires as well as extensive experience in observing and acting with different species in various contexts (Welmelsfelder 2007). This proficiency allows them to accurately judge and share with the caregiver the meaning of their pet's body language (Welmelsfelder 2007).

Ideally, quality-of-life surveys could be conducted and discussed with a veterinarian throughout the lifespan of the animal, regardless of health status. By regularly using a quality of life survey for both healthy and chronically ailing patients, the caregiver and the veterinarian can document changes over time, have a familiarity with quality-of-life assessments, and, most importantly, enable the ability to discern minor quality-of-life changes caused by aging, chronic conditions, and/or disability.

For animals suffering from chronic diseases, even the subtlest changes over time can offer a significant impact to their quality of life and may indicate the need for additional or more formal approaches to treatment. Depending on the specific ailments, many patients suffering from chronic diseases experience changes in their levels of "anxiety," "fear," "restlessness," "sociability," and "playfulness," which are witnessed and reported by the owner (Welmelsfelder 2007). In these quality-of-life assessments, it is important to distinguish between the physi-

cal and mental parameters. For instance, if an owner of an arthritic animal expresses that his/her pet is "slower during walks," a determination should be made on whether this is because of pain, a mental state, or weakness associated with aging, a physical parameter (Yeates and Main 2009). If the determination is "pain," adjustments should be made for alleviation.

Similarly, this "body language" established by the physical movement of the animal associated with corresponding psychological qualities displays the verifiable impression of chronic diseases on quality of life. Among countless examples, here are just a few:

- 1) Consider a sudden onset of blindness, affecting access to food and water (physical parameters), in addition to discerning whether the blindness leads to fear, distress, decreasing the animal's companionship with others, or inability to "explore" during walks (physiological parameters).
- 2) Diabetes mellitus is another common chronic condition among cats and dogs. If well managed and treated, a diabetic pet can enjoy the same quality of life as any other pet. However, if uncontrolled or mistreated, diabetes can cause increased water consumption and urination, weight loss, dehydration, weakness, seizures, and possibly death. These quality-of-life ailments are evident through the pet's body language, such as lethargy, smelling like urine, or acting depressed.
- 3) As common as osteoarthritis is, it might be hard to spot at first considering that the pet's behavioral changes could be subtle. Arthritis doesn't necessarily mean a poor quality of life for a pet; it is simply joint inflammation caused by an increase in stiffness and immobility. If this inflammation can be controlled, the pet may enjoy a relatively good quality of life. Changes like medications, therapies, and household adjustments can be made to control these painful symptoms. Pets display these symptoms of pain by avoiding once enjoyable activities, acting

depressed, moving less, decreasing their hygiene (unable to keep clean due to immobility), and/or changing their eating habits. Anti-inflammatory drugs, holistic therapies, acupuncture, herbal supplements, and household alterations, such as keeping food and water at a comfortable height, adding nonskid runners to avoid slips, and extra warmth at night, can help to regulate the symptoms and provide for a happier life.

As indicated in the examples above, chronic diseases can have a significant bearing on a companion animal's quality of life. However, with careful selection and administration, therapies and treatments can help to assure good quality of life. Side effects must be considered so the measures executed will denote visible changes in quality of life or will otherwise provide a positive prognosis for long-term quality despite acute ailments.

While organ systems and treatment issues vary by illness, they all share the commonality of requiring daily attention from a caregiver to perform routine tasks for monitoring and management. Research has highlighted the enormous devotion owners have to their pets and the efforts and expenses they are willing to incur to provide optimal healthcare for them (Kelly 2014). There is an undeniable overlap in comparing the management of a pet's discomfort to that of a human; for both, the caregiver often administers a scheduled regimen of medication, monitors for signs of adverse reactions, and is prepared to transport the patient for emergency treatment if needed. The stakes are high if the conditions are not treated properly, as common results are brain damage or death. Among many examples, this is the case with diabetes management and allergic reactions to medications. This ambiance creates an immense amount of pressure and highly stressful conditions for the caregiver. As a result of the pressures associated with providing care, a caregiver is likely to experience substantial adjustment problems, higher levels of psychological distress,

deprived health, and reduced well-being; thus referred to as "caregiver burden" (Kelly 2014; Christiansen *et al.* 2013).

The pressure is better understood when compiling research that supports the notion of viewing a pet in much the same way as a child. A survey conducted by the American Veterinary Medical Association (AVMA) found that of 47,842 US households, nearly half (49.7%) of the respondents owning at least one pet "considered their pets to be family members" (Kelly 2014). Furthermore, similar to the human caregiving model, women are typically the primary caregivers of pets; AVMA's national study showed that 74.5% of pet owners with primary responsibility for their pets were female (Kelly 2014). Based on this, a conclusion can be made that caregivers of pets, especially mothers, endure the same form of quality of life reduction as do human caregivers.

The most common challenges reported by caregivers are the time it takes to provide extra care, changes in the use of the home to tailor the pet's needs, and restrictions relating to work, a social life, and finances (Christiansen *et al.* 2013). Many individuals described these changes as "time-consuming," "tough," "concerning," and "annoying" while also being "sad" and "frustrated" with the decline in the human-animal relationship. It is common to hear owners speak of "loss," "guilt," and "emotional distress" when caring for a chronically ill patient, as they are trying to weigh treatment options to euthanasia. Overall, caregivers tend to agree with veterinary professionals that the quality of life of their pet is more important than longevity. In fact, in a recent study, 86% of owners of dogs being treated for cancer were willing to exchange their dog's survival time for an improved or stable quality of life.

As advances in veterinary medicine continue, managing the quality of life for both the chronically ill patient and the caregiver is becoming increasingly possible. Palliative care providers offer guidance to families faced with caring for a pet; they aid in creating plans for living well based on the animal's

needs and assist in treatment options to provide optimal quality of life for their patients (August *et al.* 2009). They also help to develop and administer the caregivers' goals while providing emotional and spiritual support. By establishing and following the treatment options provided by a veterinary professional and confiding in this professional, both the pet and the caregiver can enhance their shared quality of life, maximize their time spent together, and make important decisions when the pet's life can no longer be prolonged due to an unacceptable quality of life.

Part 1: Know Yourself—Set the Stage for Collaborative Decision Making, Active Listening, and Caregiving

*It's not what you look at that matters,
it's what you see.*

—Henry David Thoreau

Trust is the foundation for collaborative decision making toward a common goal. The veterinary–client–patient relationship is based on that one shared goal: the well-being of the pet. The client may bring a dog into the emergency room at 2:00 a.m. after seeing a tapeworm in the feces while being completely oblivious to the swollen lymph nodes and coughing that has “just recently started, but I’m not too worried about it.” Treatment of the tapeworm, or at least some dedicated time discussing the plan for treatment, is essential to establish trust with this client before an in-depth discussion on oncology ensues. Otherwise, the client will feel like you did not treat the most immediate and pressing issue (what the client sees with his/her own eyes) and instead chose a more expensive and deadly route.

In the example above, both the client and the veterinarian are “right.” Both have the pet's best interests at heart. But the important thing is to get on the same page first to

maximize a positive outcome. The satisfaction of both parties with the outcome is pliable, mendable, and will change over time based on the knowledge at hand, but without establishing trust and rapport first, the client may not trust an expensive oncology workup after the original concern was simply a tapeworm.

Under the right circumstances, significant rapport can be built in a short amount of time. Experts estimate that it takes anywhere from a few seconds to 2–3 minutes for an immediate “good gut feeling” about someone to be established. In the author's opinion, it takes 1–2 seconds for clients (especially a stressed pet parent) to decide if they “like you” or not, 1–2 minutes for clients to decide if they trust you, and about 15 minutes for significant rapport to be established, even if you don't have all the answers. Simple things such as eye contact, smiling, open-ended questions, facing the patient, and even physically touching the person will leave the client feeling like the appointment lasted twice as long as it actually did.

Box 1.2

Physicians that had never been sued (no-claims) were compared with ones that had been sued two or more times. No-claims primary care physicians used more statements of orientation (educating patients about what to expect and the flow of a visit), laughed and used humor more, and tended to use more facilitation (soliciting patients' opinions, checking understanding, and encouraging feedback). Additionally, no-claims primary care physicians spent an average of 3.3 minutes longer in routine visits (Levinson *et al.* 1997).

Setting the stage for this type of trusting relationship to be established and to use the tools discussed later in this chapter starts with the veterinarian even before entering the exam room. When dealing with clients, particularly in a stressful or sad situation,