

The Battle of the BOWL

NUTRITION ROUNDTABLE

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Ever feel like we've been fighting for so long about what to feed pets that we've forgotten what we're fighting about?



What happened?

Why does our blood pressure spike when someone asks, "What should I feed my dog?"

Why do we speed-scroll past the word raw on social media?

Why are veterinary teams and pet owners fighting for control of what goes in a pet's bowl?

To get to the bottom of the dish, AAHA brought together six experts in the field of small-animal nutrition:

SARAH ABOOD, DVM, PHD, clinical veterinary nutritionist, Ontario Veterinary College, University of Guelph, Ontario, Canada

MARTHA CLINE, DVM, DACVN, clinical veterinary nutritionist, Red Bank Veterinary Hospital, Tinton Falls, New Jersey

LILY JOHNSON, DVM, DACVN, private-practice nutrition specialist, San Francisco, California

NATALIE MARKS, DVM, CVJ, medical director, Blum Animal Hospital, Chicago, Illinois

CASSIE PANNING, BS, CVT, VTS (NUTRITION), College of Veterinary Medicine, University of Minnesota, Saint Paul, Minnesota

ANGELA ROLLINS, DVM, PHD, DACVN, clinical associate professor, College of Veterinary Medicine, University of Tennessee, Knoxville, Tennessee

MODERATOR: HEATHER LOENSER, DVM, senior veterinary officer, AAHA, Lakewood, Colorado

Pull up a chair and join us around the table. Let's see what solutions we can serve up!

HEATHER LOENSER (HL): Welcome, everyone! Thank you for helping us unravel the conflicts around feeding pets. Let's get started. First off, how would you characterize the environment around pet food choices right now?

Hesitation, frustration, anxiety, and suspicion dominate conversations about pet food.

Client Preferences Versus Veterinary Recommendations

NATALIE MARKS (NM): In our general practice, I see hesitation, frustration, and anxiety in some associates when they get emotionally bombarded by clients who are passionate about nutrition. These clients come in with a laundry list of questions and may be adamant about "doing raw," home cooking, and avoiding certain ingredients.

We've basically been trained to recommend the exact opposite of what they want. It can feel like we don't know what to say, and we don't want to feel as if we don't have control of what's happening in the exam room.

Distrust of Big Money

LILY JOHNSON (LJ): I totally agree, and this isn't unique to general practice. Nutritionists have these types of conversations every day. Some people have an inherent suspicion of big business, whether it's pharma or pet food or corporate practice. So, they may be less receptive when we recommend therapeutic diets for management of certain diseases.

There may be some automatic pushback when we explain that a major manufacturer meets the criteria we use to evaluate pet foods. It can be challenging for veterinary teams to advocate for an evidence-based diet when some pet owners are suspicious

of the nutritionists, veterinarians, and companies involved in nutrition research.

Correlation Versus Causation

CASSIE PANNING (CP): Absolutely. Another challenge is explaining the difference between correlation and causation. I had a conversation today with a client whose elderly cat suddenly developed cancer after feeding a therapeutic kidney diet, and it was almost impossible to make the case to her that the food wasn't to blame.

Feeding Compassion Fatigue

MARTHA CLINE (MC): These contentious conversations lead to distrust between the pet owners and veterinary teams. If the pet owner doesn't trust the veterinary team, that can compromise the pet's healthcare, which compounds the already complex causes for compassion fatigue.

HL: We've seen a real shift in the attitudes surrounding food. How did we get to this point?

ANGELA ROLLINS (AR): Pet food commercials give pet owners a sense that there is a wrong way and a right way to feed a pet. That leads pet owners to say, "If I feed this to my dog, I'm a good pet parent, and if I feed that to my dog, I'm bad."

Unequal Interests

NM: As a general practitioner, an issue I'd like to raise is that not all of us feel comfortable with nutrition counseling. For the longest time, we may have quickly asked, "What's Fluffy eating?" and then moved on. It just wasn't a focus for us unless the pet was overweight.

The strong feelings around nutrition make us want to shy away. We don't want to argue with our clients. But avoiding the topic isn't helping anyone.

If you want to avoid heated arguments, never discuss religion, politics, or whether the toilet paper roll should go over or under.

—AL YANKOVIC

Should we add *pet food* to the list as well?

2 The Battle of the Bowl: Nutrition Roundtable

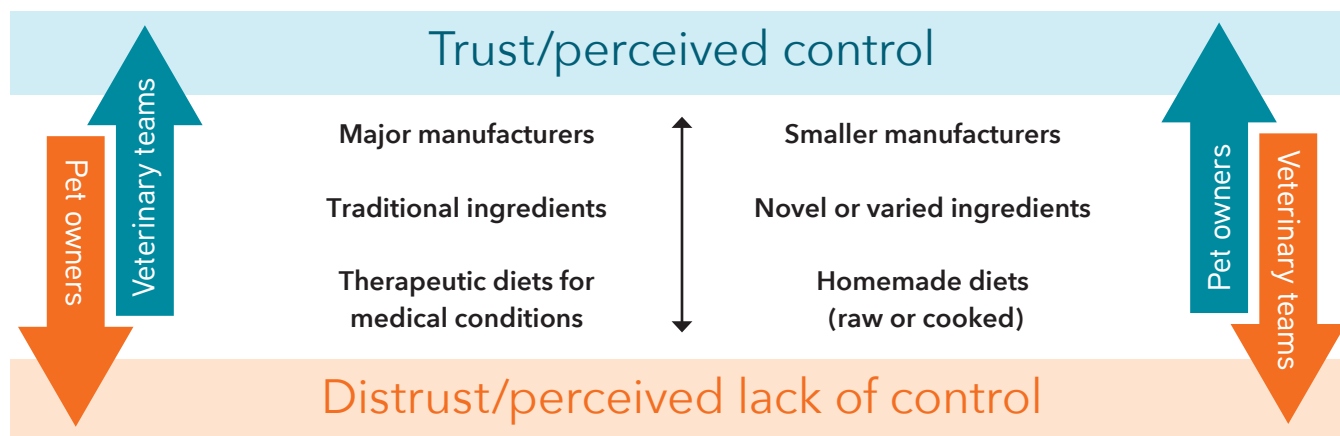


Figure 1. *Veterinary teams and pet owners often have opposing views about what makes a pet food manufacturer trustworthy.*

Melamine Fraud

HL: What were the effects of the melamine recall? I still remember the panic and all of the bloodwork we did.

MC: Pet owners do not always realize that was a case of fraud. Those contaminating the pet food were doing it in a way to avoid detection. Now that melamine is a known contaminant, raw materials can be screened for it.

Many companies improved their safety and quality control measures, but fear and distrust of the pet food industry remain far-reaching. Pet owners may still bring up the recall when we are talking about diet.

SARAH ABOOD (SA): After the recall, some pet owners felt that veterinarians couldn't be trusted because "we're trained by the pet food companies," which is an unfortunate conclusion that doesn't reflect the whole picture.

CP: I remember spending the next weeks doing bloodwork on basically all of our patients.

After the recall, a lot of the marketing messages seemed to focus on checking the ingredient list. But that was misleading, because the addition of melamine was an adulteration to one of the

ingredients, not an ingredient itself, so, of course, it wouldn't have been listed.

It was a bit of mass hysteria at the time. I can only imagine that if that recall happened today, a firestorm would erupt on social media.

HL: That's a good point, Cassie. How does social media play into the way people form opinions about what to feed their pets?

Social Media Oversimplifies Nutrition Evidence

LJ: In this situation, social media can be a double-edged sword. It allows fast dissemination of information, but the messages are not necessarily accurate. That's true even for something as straightforward as pet food recalls.

MC: Absolutely. I have seen pet owners—and veterinarians—share recalls that occurred years ago.

LJ: I'd add that nutritional questions are often not black and white. But when pet owners go online, they get bombarded by absolutes like, "All Frenchies are allergic to chicken!" or "All cats can't have carbs!" Though not technically correct, that certainty is very appealing and shareable.

SA: I see two topics dominating social media feeds: the humanization of pets (some even have their own social media accounts) and the human health-food movement. Motivated pet owners enjoy sharing this combination: “Being vegan is a healthier way for me to eat, so I want my dog to eat vegan, too.”

AR: For some pet owners, food has become an ethical or even a moral issue. For example, gluten intolerance is rare in dogs, but since many people avoid gluten in their own diet, they are convinced a gluten- or grain-free diet is best for their pets as well.

Vegetarian and vegan diets for cats and dogs are also in high demand to offset the environmental and ethical concerns of meat-based diets.

DCM: More Concerns Than Answers

HL: I think we’d all agree that one of the hottest nutritional topics recently has been the possible link between dilated cardiomyopathy (DCM) and diets. What are your thoughts on that?

CP: It’s hit very close to home and been quite sad. I have worked with pet owners whose dogs are dying of heart failure from DCM. They are so worried about feeding grains to their pets that, even though the pets are on multiple medications, the owners still want a grain-free food.

MC: Many pet owners are rightfully concerned. Most of the pet owners I have spoken with spent a great deal of time choosing their pet’s food and believed they were making a healthy decision for their pet. It is particularly devastating for them to know that a decision they believed was good actually resulted in potential harm.

LJ: At the time we’re discussing this, the data on DCM are unclear. It’s another example of how nutrition can be complicated and nuanced, while marketing messages can be simple yet inaccurate.

Owners hear some pet food companies claiming, “This is an overblown conspiracy. We’ve added taurine to our grain-free diet, so everything’s fine now.”

Melamine Food Recall of 2007

On March 15, 2007, the US Food and Drug Administration (FDA) learned that certain pet foods were sickening and killing cats and dogs. The FDA found contaminants in vegetable proteins imported into the United States from China and used as ingredients in pet food.

As a result of a comprehensive investigation by the FDA and US Department of Agriculture, on February 6, 2008, the FDA announced that two Chinese nationals and the businesses they operated, along with a US company and its president and chief executive officer, had been indicted by a federal grand jury for their roles in a scheme to export to the United States melamine-contaminated products that were purported to be wheat gluten.

For more info, see fda.gov/animal-veterinary/recalls-withdrawals/melamine-pet-food-recall-2007.

Those reassuring simplifications can sound more authoritative than nutrition experts saying, “We’re not sure yet, but we’re working to figure it out.”

People are rightly confused and are looking for answers. We need to empathize with them.

NM: When this came out, it was really important for me to be proactive in talking to our clients. But it was a bit difficult to explain what the FDA was saying because we still don’t have all of the information. That made it really hard for me, as a generalist, to be a trusted source.

AR: It’s hard to tell pet owners that we just don’t have enough information yet. A lot of veterinarians

4 The Battle of the Bowl: Nutrition Roundtable

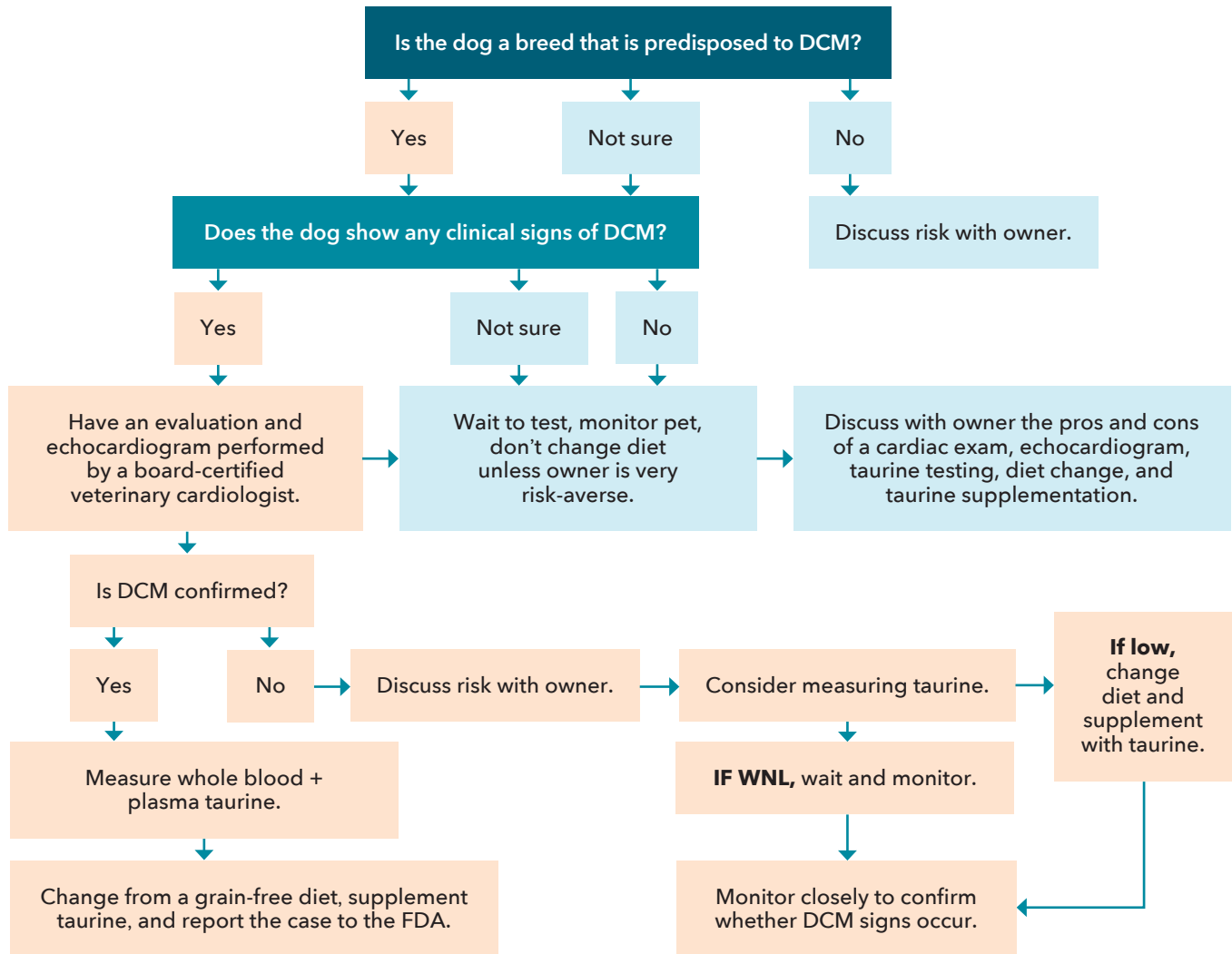


Figure 2. Questions to guide your thinking as you consider whether to recommend switching a pet from a grain-free diet.

and clients have asked me how much rice to add to a grain-free diet, but a lack of rice probably isn't the real issue. The truth is, we just don't have enough information yet.

The DCM concerns and some rather large recalls are leading a lot of my clients to ask for homemade diets. They are running away from pet food in general.

SA: It can be confusing for veterinary healthcare teams, because there are several elements to consider. When I am considering whether to change a dog from grain-free food, I run through a series of questions (summarized in Figure 2).

HL: It seems that we all—pet owners and veterinary teams—want to get a grip on nutrition. We can fantasize about a one-size-fits-all solution, but there's no such thing. No wonder we're frustrated! **What can we do to help take the bite out of pet food recommendations?**

Finding Time, Prioritizing Tasks

NM: From an in-the-trenches perspective, I don't have the luxury of an hour-long conversation about nutrition during a wellness visit. This might be the only time I see this client and pet the whole year.

So, even when I vehemently disagree with the pet owner's nutrition choices, I can't come off as judgmental or condescending.

I always tell clients that we're both advocates for their pet. We'll make decisions together. They are an expert on their pet as an individual, and I'm an expert on the health needs of their pet.

We can't agree until we've built trust. Once trust is established, it applies equally to recommendations for nutrition, wellness bloodwork, or six-month exams.

CP: Natalie, you're absolutely right.

In our referral practice, our appointments are at least an hour. Our clients come in with loads of questions. We help them sort through the misinformation, get them back on track, explain to them why their dog can eat chicken or their cat can eat carbs.

To cover this information in a general practice setting, you would need to schedule a separate nutrition appointment. In a 15-minute well-pet appointment, you can only touch the tip of the nutrition iceberg and do a physical and preventive care. You shouldn't feel badly that you can't address it all in one visit. It just takes time.

Alert Clients to Recalls

SA: If 10% or more of your clients feed some kind of raw food, a member of your healthcare team should monitor the FDA Pet Food Recall Portal (see Resources). Then you can decide how you want to pass on the information in a tone that respects pet owners' choices while sharing critical information.

Bone Up: Refresh Your Knowledge with CE and Clinical Resources

LJ: Use CE to refresh your knowledge, and provide as many clinical resources as possible to help improve the entire team's confidence.

HL: This has been an eye-opening conversation. You've all made the point that succeeding with nutrition means advocating with the client for the pet. And that's based on an authentic, trusting, respectful relationship with all of our clients, no matter how extreme we think they are.

I especially appreciate your reassurance that, though nutrition discussions can be stressful and eat up lots of time, they needn't deteriorate into battles for the bowl!

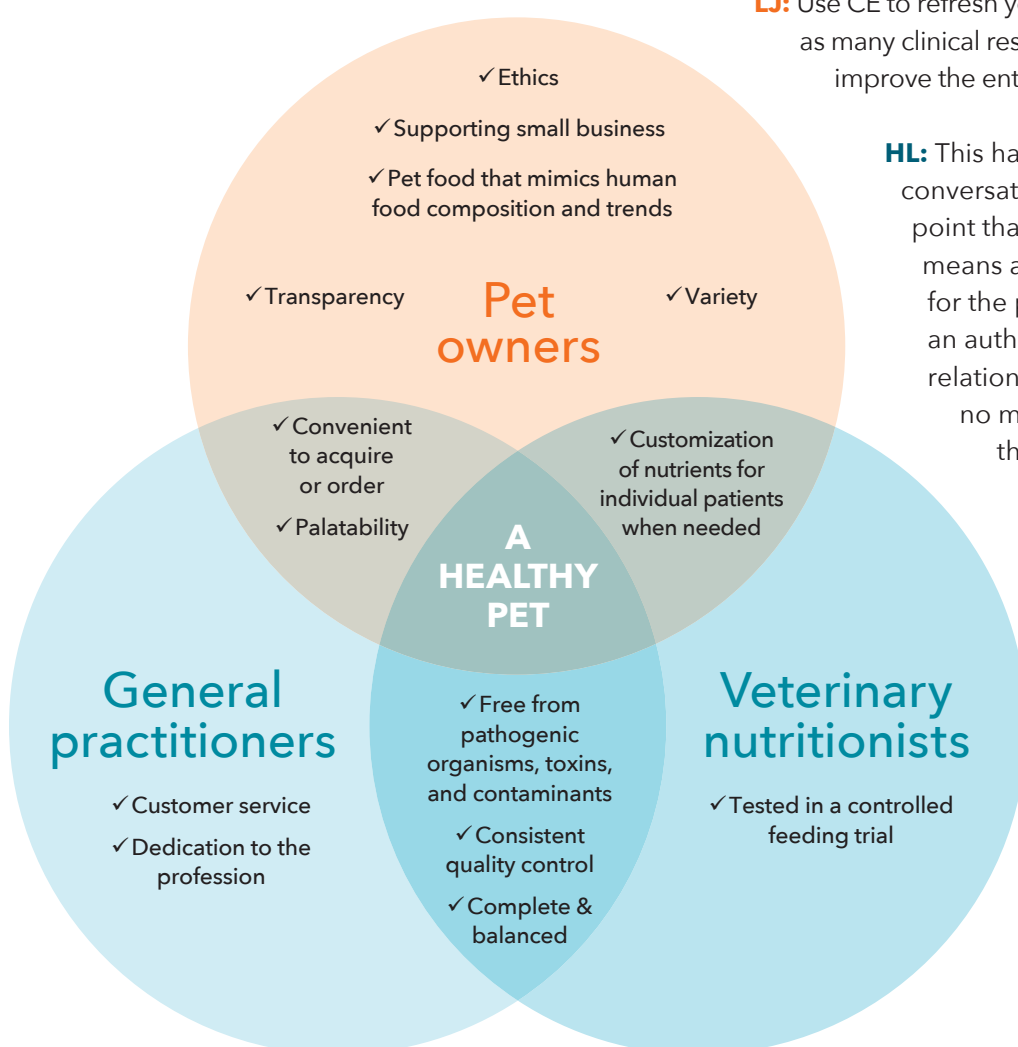


Figure 3.

What common ground do pet owners, general practitioners, and nutritionists share?



“What should I feed my pet?”

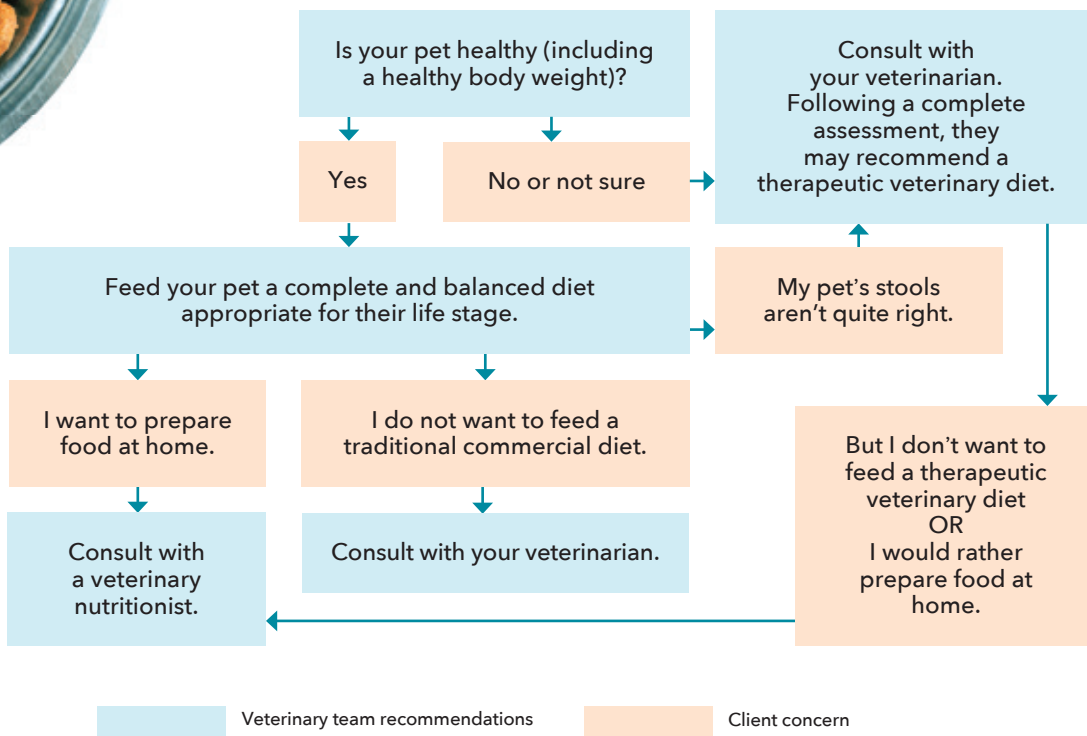


Figure 4. Help clients decide what to feed their pets by walking them through this algorithm.



Troubleshooting Fecal Consistency

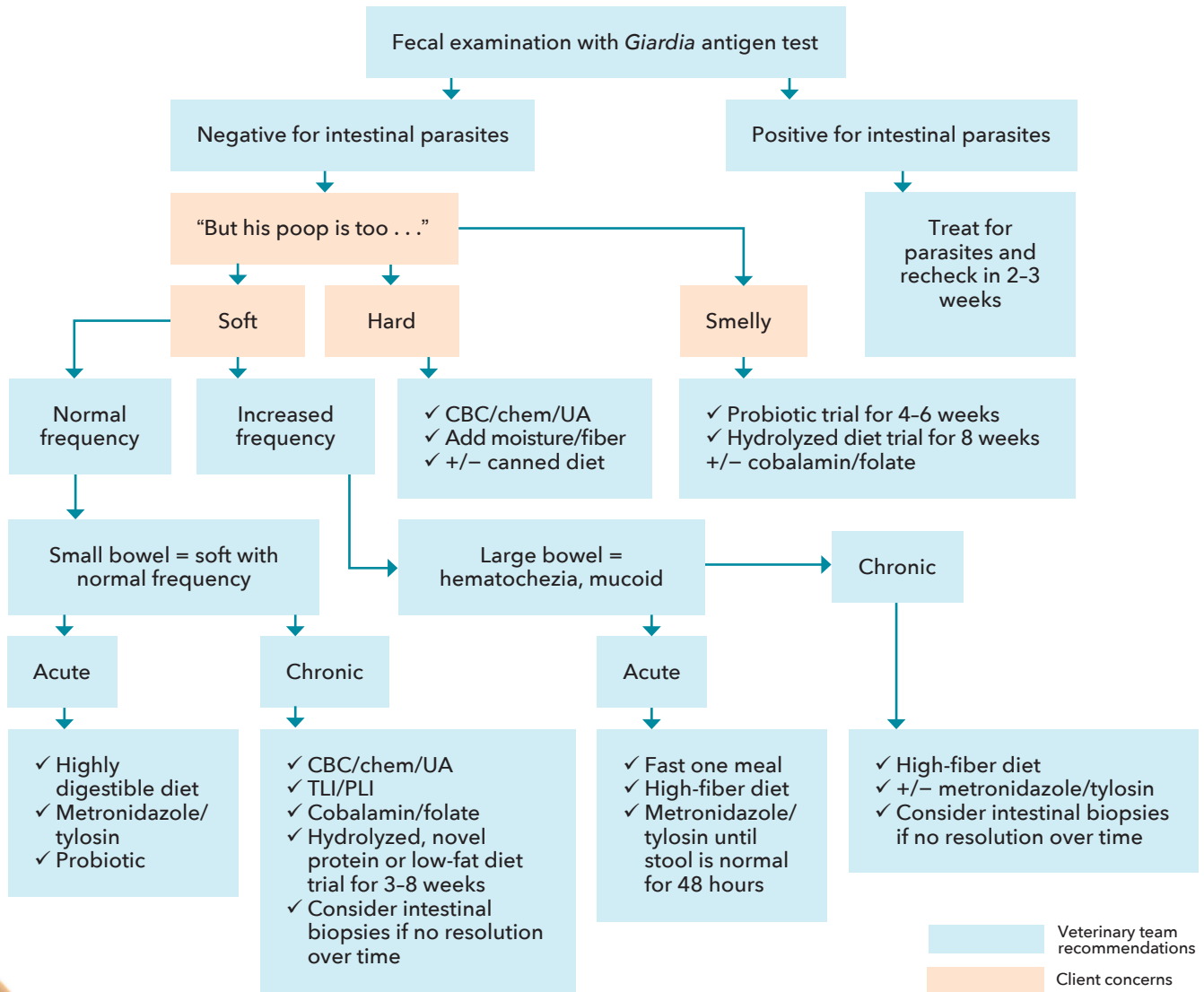


Figure 5. When clients share concerns about their pet's fecal consistency, help them read the signs.

Resources

2010 AAHA Nutritional Assessment Guidelines for Dogs and Cats

aaha.org/aaha-guidelines/nutritional-assessment-configuration/nutritional-assessment-introduction/

2014 AAHA Weight Management Guidelines for Dogs and Cats

aaha.org/aaha-guidelines/weight-management-configuration/abstract/

American College of Veterinary Nutrition

acvn.org

World Small Animal Veterinary Association Nutrition Toolkit

wsava.org/nutrition-toolkit

Association of American Feed Control Officials Frequently Asked Questions

talkspetfood.aafco.org/faq

FDA Pet Food Recall Portal

safetyreporting.hhs.gov

FDA Recalls, Market Withdrawals, and Safety Alerts

fda.gov/safety/recalls-market-withdrawals-safety-alerts

About the Experts



SARAH ABOOD, DVM, PHD,

teaches small-animal nutrition and supervises the Clinical Nutrition Service at the Ontario Veterinary College. From 1999 to 2016, she was the assistant dean of student programs at the Michigan State University

College of Veterinary Medicine. In that capacity, she also taught small-animal nutrition, communication, animal welfare, and veterinary leadership. Previously, she worked in research and development at Ralston Purina. She completed her nutrition residency and PhD at The Ohio State University and her DVM at Michigan State University. For the past 10 years, Abood has been the owner of Sit, Stay, Speak Nutrition, LLC, offering nutritional coaching for all members of the veterinary healthcare team.



MARTHA CLINE, DVM, DACVN,

practices small-animal clinical nutrition at the Red Bank Veterinary Hospital in Tinton Falls, New Jersey. A 2010 graduate of the University of Tennessee College of Veterinary Medicine, she completed a

rotating internship at Oradell Animal Hospital in Paramus, New Jersey, before completing a clinical nutrition residency at the University of Tennessee. Dr. Cline is board certified by the American College of Veterinary Nutrition. She is the current president of the American Academy of Veterinary Nutrition.



LILY JOHNSON, DVM, DACVN, earned her veterinary degree at the Cummings School of Veterinary Medicine at Tufts University and returned to Tufts for her residency in clinical nutrition. She became a diplomate of the American

College of Veterinary Nutrition in 2015 and has been working as a nutrition specialist in private practice. Dr. Johnson's clinical interests include food allergies, chronic kidney disease, challenging obesity cases, and formulating home-cooked diet recipes. She enjoys educating both veterinary teams and pet owners about the importance of nutrition in pet health.



HEATHER LOENSER, DVM, is AAHA's senior veterinary officer. She graduated from Iowa State University College of Veterinary Medicine in 2003 with a strong interest in entrepreneurial studies, theater, and communication,

in addition to her passion for veterinary medicine. Before joining the association, she spent 10 years in emergency medicine. In addition to representing AAHA in the media, she facilitates the creation of the association's guidelines and other resources.



NATALIE MARKS, DVM, CVJ, received her bachelor's degree with highest honors from the University of Illinois at Urbana-Champaign in animal science in 1998, and her master's and doctorate in veterinary medicine with highest honors from the

University of Illinois College of Veterinary Medicine in 2000 and 2002, respectively. Dr. Marks is the previous co-owner and current medical director of Blum Animal Hospital, a 10-doctor, AAHA-accredited practice in Chicago. In addition to small-animal

practice, Dr. Marks works with many industry partners on marketing and national media campaigns that provide practical knowledge and education to veterinary colleagues and consumers.



CASSIE PANNING, BS, CVT, VTS (NUTRITION),

a veterinary technician specialist with the Academy of Veterinary Nutrition Technicians, works at the University of Minnesota's Nutrition and Specialty Services. She has been a CVT

for more than 15 years. After earning her associate's degree and working in a small internal medicine practice and a general practice, she taught at the Minnesota School of Business, where she earned a bachelor of science in veterinary technology management. Cassie shares her home with her cat, Uno, and a Great Dane, Roo.



ANGELA ROLLINS, DVM, PHD, DACVN, earned her

doctorate of veterinary medicine and completed her residency training at the University of Tennessee College of Veterinary Medicine. She has been a faculty member of the

University of Tennessee College of Veterinary Medicine for 10 years. She teaches courses in veterinary nutrition and physiology and participates in the clinical nutrition service. Dr. Rollins is a diplomate and former president of the American College of Veterinary Nutrition. She is currently president-elect of the American Academy of Veterinary Nutrition. Her research interests include obesity physiology, prevention, and treatment.





Royal Canin USA is a leader in science-based cat and dog health nutrition. Founded by a veterinarian in 1968, Royal Canin has more than 50 years of experience in delivering individualized nutritional solutions. In collaboration with an expert team of nutritionists, breeders, and veterinarians from around the world, Royal Canin places cats and dogs at the central point of the innovation process. The Royal Canin product line offers a range of diets based on size, age, breed, lifestyle, and therapeutic requirements. Royal Canin diets are available at veterinary hospitals and pet specialty stores nationwide. Royal Canin is a subsidiary of Mars, Incorporated. To learn more about Royal Canin, visit royalcanin.com and "like" us on Facebook at facebook.com/royalcaninus.



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