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Trends magazine

What's the lifetime cost of care for pets?

The total may surprise you.

Lifelong pet care adds up

Are your clients prepared?

Understanding cost anxiety

The stress starts lower than you think.

INSIDE:

*Lifelines for a lifetime.
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Lifetime cost of care

DOGS

\$19,893
to
\$55,132

Average annual cost
\$1,270 to \$2,803



CATS

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to
\$45,790

Average annual cost
\$961 to \$2,487



The Synchrony Lifetime of Care Study¹ shows that many pet owners vastly underestimate what they'll spend on care over a pet's life.

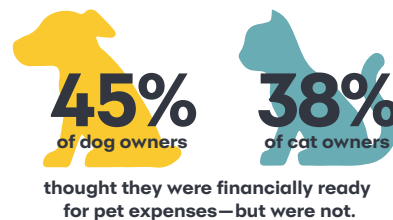


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Help clients prepare for expenses

To prepare new pet owners for costs they may not anticipate, be upfront and open about the financial options you provide. Don't forget to offer the same financial choices to all clients.



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Read the full study at petlifetimeofcare.com

For more information, visit carecredit.com/vetinsights.



¹Pet – Lifetime of Care Study, August 2021 www.petlifetimeofcare.com
Pet insurance is administered by Pets Best Insurance Services, LLC and is underwritten by American Pet Insurance Company, a New York insurance company headquartered at 6100 4th Ave. S. Suite 200 Seattle, WA 98108.
Please see www.americanpetinsurance.com to review all available pet health insurance products underwritten by APIC.

Trends

magazine

The Senior Issue

Are You Seeing Enough Senior Pets?

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CLARO®

(florfenicol, terbinafine, mometasone furoate)

Otic Solution for use in dogs only

Do Not Use in Cats.

Antibacterial, antifungal, and anti-inflammatory
For Otic Use in Dogs Only

See full product insert for complete prescribing information, a summary of which follows.

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: CLARO® contains 16.6 mg/mL florfenicol, 14.8 mg/mL terbinafine (equivalent to 16.6 mg/mL terbinafine hydrochloride) and 2.2 mg/mL mometasone furoate. Inactive ingredients include purified water, propylene carbonate, propylene glycol, ethyl alcohol, and polyethylene glycol.

INDICATIONS: CLARO® is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

DOSAGE AND ADMINISTRATION:

CLARO® should be administered by veterinary personnel.

Wear eye protection when administering CLARO®.

(see **Human Warnings, PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Splatter may occur if the dog shakes its head following administration. Persons near the dog during administration should also take steps to avoid ocular exposure.

Shake before use.

Verify the tympanic membrane is intact prior to administration. (see **CONTRAINDICATIONS, PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Administer one dose (1 dropperful) per affected ear.

- Clean and dry the external ear canal before administering the product.
- Verify the tympanic membrane is intact prior to administration.
- Remove single dose dropperette from the package.
- While holding the dropperette in an upright position, remove the cap from the dropperette.
- Turn the cap over and push the other end of the cap onto the tip of the dropperette.
- Twist the cap to break the seal and then remove cap from the dropperette.
- Screw the applicator nozzle onto the dropperette.
- Insert the tapered tip of the dropperette into the affected external ear canal and squeeze to instill the entire contents (1 mL) into the affected ear.
- Gently massage the base of the ear to allow distribution of the solution. **Restrain the dog to minimize post application head shaking to reduce potential for splatter of product and accidental eye exposure in people and dogs (see POST APPROVAL EXPERIENCE).**
- Repeat with other ear as prescribed.
- The duration of the effect should last 30 days. (Cleaning the ear after dosing may affect product effectiveness).

CONTRAINDICATIONS:

Do not use in dogs with known tympanic membrane perforation (see **PRECAUTIONS**). CLARO® is contraindicated in dogs with known or suspected hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate.

WARNINGS:

Human Warnings: CLARO® may cause eye injury and irritation (see **PRECAUTIONS, POST APPROVAL EXPERIENCE**). If contact with eyes occurs, flush copiously with water for at least 15 minutes. If irritation persists, contact a physician. Humans with known hypersensitivity to any of the active ingredients in CLARO® should not handle this product.

PRECAUTIONS:

For use in dogs only. Do not use in cats (see POST APPROVAL EXPERIENCE).

Wear eye protection when administering CLARO® and restrain the dog to minimize post application head shaking. Reducing the potential for splatter of product will help prevent accidental eye exposure in people and dogs and help to prevent ocular injury (see **DOSAGE AND ADMINISTRATION, Human Warnings, POST APPROVAL EXPERIENCE**).

Proper patient selection is important when considering the benefits and risks of using CLARO®. The integrity of the tympanic membrane should be confirmed before administering the product. CLARO® has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see **POST APPROVAL EXPERIENCE**) with the use of CLARO®.

Do not administer orally.

Use of topical corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs (see **ANIMAL SAFETY**).

Use with caution in dogs with impaired hepatic function (see **ANIMAL SAFETY**).

The safe use of CLARO® in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

ADVERSE REACTIONS:

In a field study conducted in the United States (see **EFFECTIVENESS**), there were no directly attributable adverse reactions in 146 dogs administered CLARO®. **POST APPROVAL EXPERIENCE (2019):** The following adverse events are based on post-approval adverse drug experience reporting for CLARO®. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

In **humans**, accidental exposure leading to corneal ulcers and other ocular injuries such as eye irritation and redness have been reported. Exposure occurred when the dog shook its head after application of CLARO®. Skin irritation has also been reported. In **dogs**, the adverse events reported are presented below in decreasing order of reporting frequency: Ear discharge, head shaking, ataxia, internal ear disorder (head tilt and vestibular), deafness, emesis, nystagmus, pinna irritation and ear pain, keratoconjunctivitis sicca, vocalization, corneal ulcer, cranial nerve disorder (facial paralysis), tympanic membrane rupture.

CLARO® is not approved for use in **cats**. The adverse events reported following extra-label use in **cats** are presented below in decreasing order of reporting frequency: Ataxia, anorexia, internal ear disorder (head tilt and vestibular), Horner's syndrome (third eyelid prolapse and miosis), nystagmus, lethargy, anisocoria, head shake, emesis, tympanic rupture, and deafness.

To report suspected adverse drug events and/or obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, contact Elanco at 1-800-422-9874.

For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VEIS or online at <http://www.fda.gov/reportanimalae>.

Information for Dog Owners:

Owners should be aware that adverse reactions may occur following administration of CLARO® and should be instructed to observe the dog for signs such as ear pain and irritation, vomiting, head shaking, head tilt, incoordination, eye pain and ocular discharge (see **POST APPROVAL EXPERIENCE**). Owners should be advised to contact their veterinarian if any of the above signs are observed. Owners should also be informed that splatter may occur if the dog shakes its head following administration of CLARO® which may lead to ocular exposure. Eye injuries, including corneal ulcers, have been reported in humans and dogs associated with head shaking and splatter following administration. Owners should be careful to avoid ocular exposure (see **PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Manufactured for

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CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. PRECAUTIONS: For use in dogs only. Do not use in cats. (See POST-APPROVAL EXPERIENCE.) CLARO[®] has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see **POST-APPROVAL EXPERIENCE**) with the use of CLARO[®]. **Wear eye protection when administering CLARO[®]. (See Human Warnings, PRECAUTIONS, POST-APPROVAL EXPERIENCE.)**

¹Angus JC. Otic cytology in health and disease. VCSA. 2004;34:411-24.

²Elanco Animal Health. Sales data on file.

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by Heidi Lobprise, DVM, DAVDC



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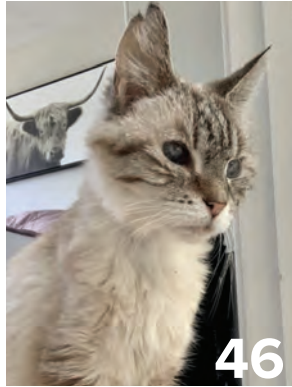


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from the editor's desk

DO YOU HAVE A SOFT SPOT FOR SENIORS? WE DO. That's why this issue is the "Senior Issue," devoted (mostly) to senior animals and some of the joys and challenges that go along with treating or owning an older pet.

First, Mary Gardner, DVM, talks about some of the tips she has for marketing care to owners of senior pets. One of Gardner's easy-to-implement tips is to highlight senior pets on your website, not just the puppies and kittens. And definitely don't lump "senior care" and "end-of-life care" together!

Also, have you ever wondered if a patient is "too old" for a dental procedure? AAHA 2023 Senior Care Guidelines for Dogs and Cats task force member Heidi Lobprise, DVM, DAVDC, talks about this and other questions related to senior dental care. Speaking of the senior care guidelines, we also have an executive summary of those in this issue, so be sure to check it out and get the latest on what's covered in these brand-new guidelines.

I said earlier that MOST of the articles in this issue are senior-related. One that is not, but is definitely worth highlighting, is an interview with one of *Entrepreneur* magazine's 100 Women of Influence, Cherice Roth, DVM. Roth is a well-known telehealth advocate, in addition to being the chief veterinary officer at Fuzzy and a children's book author. If you are not familiar with her, you should be, and *Trends* will get you up to speed on this amazing vet!

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Don't forget about our Employee of the Month contest! Eligible practices can enter the contest online by filling in a few details about why your employee is the best, and then we will randomly select one winner each month to win a \$500 Amazon gift card, courtesy of our friends at CareCredit. If you don't win, don't worry, you can enter again the next month! Try it today at aaha.org/EOTM.

COMING NEXT MONTH

In March we will have articles on telehealth, specifically telehealth and its link to behavior. We'll also take a look at the new job of "remote customer service representative," and then we will delve into the topic of gender equality and the gender pay gap in vet med.

As always, let me know what you think at trends@aaha.org.

—Ben Williams, Editor

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View from the Board

Dentistry Tips from the Field

The things we know about veterinary dentistry: It's absolutely an essential part of excellence in veterinary medicine and treating the whole health of the patient. We have all had the positive reinforcement of clients telling us "My pet is so much more active, interacting with the family again, playing with toys they haven't in years, [insert return of healthy behavior here.]"

The beauty of being a part of the AAHA community is the collaboration and best practices that we can share with one another. Here are some tips and tricks that increase compliance and success in my practice.

Tip 1: Present dentistry as part of the expected healthcare plan for your patients. As I perform wellness exams, I present dental care as similar to humans. There are two parts to dental health, home care and professional cleanings. Just like you and I brush our teeth two times daily, the pet needs some sort of daily home dental care. Tooth brushing is best. If that's not possible, you can have clients visit vohc.org for a list of dental products that are tested and proven to reduce plaque and tartar in their pet.

The second part of dental care is professional cleanings. Just like you and I receive professional cleanings every six months, pets need annual professional cleanings. And because they don't sit still and say "Aaah," they need to be placed under general anesthesia. This typically hits home as the dog or cat is moving all around while I examine the mouth.

Tip 2: Remove the fear of anesthesia. It may seem tedious, but I get the best compliance about anesthesia and cost of the procedure after I ask, "Can I walk you through the day in the life of a dental procedure?" I then walk them step by step through the day from check in to check out. By the time I list all the steps and how I make my diagnostic decisions, the owners are more understanding of the need for anesthesia and the cost of the procedure.

Tip 3: I hope you are all doing this already, but perform dental charting and full mouth radiographs in ALL PATIENTS. We miss issues by not looking. I love the quote of the veterinarian oath "the prevention and relief of animal suffering." We cannot treat what we cannot see because we don't have all the information.

Tip 4: Continuing education!! If your schooling was like mine, there was very limited education on veterinary dentistry. All my skills and knowledge have been since after graduation.

For the safety and comfort of your patients, learn proper extraction technique and practice regularly to increase speed and decrease time spent under anesthesia. There is also the Veterinary Dental Forum conference each year in the fall. The conference has three tracks: intro, intermediate, and advanced as well as multiple wet labs. I strongly recommend this conference for all things veterinary dental education-related.

Tip 5: Have fun! Dentistry is unique in that you can make an immediate impact on the health and comfort of your patient. What a rewarding experience! Of course, don't forget to check out the *2019 AAHA Dental Care Guidelines for Dogs and Cats* for more dental tips and best practices.

Lynn Happel, DVM, is a director on the AAHA board. She graduated from Michigan State University College of Veterinary Medicine in 2003. In 2010, she decided to open her own practice, and Eastown Veterinary Clinic opened in 2011. Happel's special interest within the field of veterinary medicine is veterinary dentistry. She has done hundreds of hours of additional training to learn why dental health is so important and how to perform specialized procedures.



This month in AAHA's Publicity Toolbox . . .

Here are the downloadable social media images available for AAHA-accredited members at aaha.org/publicity this month:

National Pet Dental Health Month

Spay and Neuter Awareness Month

Cat Health Month

Happy Valentine's Day
February 14

World Spay Day
February 28



We have been running into significantly more no-show appointments.

We are debating canceling the appointment if they do not confirm. Have any of you done this to prevent the no-shows? Suggestions for other ways to reduce? We have in the past charged a no-show fee... but we would end up losing the client and not collecting the fee. It didn't seem beneficial to me at the time.

A: I would send out a mass email explaining to clients that “due to a recent influx in the amount of clients not confirming their appointments and clients not showing up for their pet’s appointments, the office will be implementing a no show/cancellation fee.”

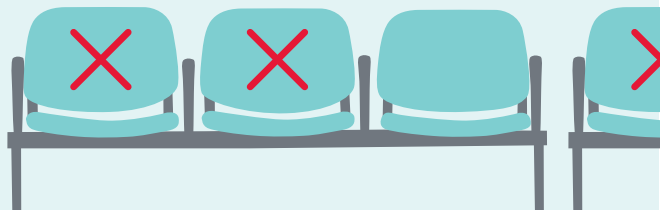
A: We cancel the appointment at the end of the day on the day before the appointment. We let them know when we call what our policy is, and we document in the notes.

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Foster Hospital for Small Animals Reaches Milestone

Serena, a six-year-old German shepherd suffering from immune-mediated hemolytic anemia (IMHA), was referred to Cummings School of Veterinary Medicine at Tufts University for therapeutic plasma exchange.

“With IMHA, the immune system destroys its own red blood cells,” said Colleen Bourque, MVB, a third-year resident in small animal medicine at Cummings School’s Foster Hospital. “After not eating, losing some weight, and being lethargic, Serena visited her vet [in Maine] who... found her red blood cell level was quite low, 17%.”

After a day of medications, Serena’s level dropped to 13%, so she had a blood transfusion and a full workup of tests at Maine Veterinary Medical Center. “She was very icteric and hyperbilirubinemic,” Bourque said, “[and was] quickly referred to us for a therapeutic plasma exchange.”

Cummings School’s Foster Hospital for Small Animals is one of only two dozen locations in the United States with a veterinary dialysis center. In addition to dialysis, Foster Hospital offers an extracorporeal therapy service, which administers treatments for immune-mediated diseases and toxicities, among others.

Carrie Palmer, Serena’s owner, says that on arrival, “[Foster Hospital staff] explained what was happening to Serena’s body and how the treatment would be administered to help her recover. They started her on the first plasma exchange session that night.”

Serena was the 400th patient to receive a dialysis/extracorporeal therapy treatment at Cummings School’s Foster Hospital since 2000. A second session was administered the following day. “Serena’s red blood cell levels stabilized [after the second session], and her bilirubin levels dropped,” says Bourque.



What Dog Owners Should Know About Collars and Harnesses

Share with your clients this information, recently compiled by Stephanie Borns-Weil, DVM, DACVB, a board-certified animal behaviorist at Tufts University Cummings School of Veterinary Medicine.

- Harnesses (well-fitted) are preferable to collars for leash walking or for playing off-leash.
- Harnesses provide control while reducing the risk of distress or injury caused by pressure on the dog’s neck and throat.
- Collars are good for holding tags.
- Collars used with a leash for walking can cause a dog physical harm.
 - If the dog pulls on the leash, there is a risk to sensitive neck tissue.
 - Pressure on a brachycephalic dog’s throat and neck may dangerously impair breathing.
 - Pressure on a small dog’s throat and neck can aggravate collapsing trachea.
- Playing off-leash: Leave a dog’s harness (or collar) on if play is closely supervised. Collars should be removed for unsupervised play.



University of Florida Veterinary Emergency Treatment Service (VETS) Deploys in Aftermath of Hurricane Ian

In the aftermath of Hurricane Ian, the Florida Department of Agriculture and Consumer Services' agricultural response team requested the University of Florida's Veterinary Emergency Treatment Service (VETS) deploy to Fort Myers. Over 10 days the UF VETS team treated more than 400 animals in need of care.

The team of five veterinarians, seven veterinary technicians, three veterinary students, and six support personnel was the UF VETS team's largest deployment since the group's inception in 2004.

Based at a sports complex, the team primarily performed health assessments and triaged animals in need of care. The bunk trailer that housed team members was provided to the UF College of Veterinary Medicine in 2019 through a grant from PetSmart Charities and the Banfield Foundation. Four additional trucks were brought in to provide supplies and food.

Most of the animals seen were dogs and cats, but the team also cared for a rabbit, a couple of bearded dragons, and several goats. One goat, Archie, received a successful blood transfusion when the team was able to locate a donor match.

Many of the animals had gastrointestinal or dermatological issues or stress associated with the storm and its aftereffects. Some trauma patients were seen as well, including a dog treated for alligator bite wounds. Several kittens found after the storm were brought in by area residents who hoped to adopt or find homes for them.

The Florida Veterinary Medical Association (FVMA) and the Florida Veterinary Technicians Association (FVTA) provided an additional 16 volunteer veterinarians and 20 volunteer veterinary technicians to help the VETS team.

"Though it can be hard to find bright spots in such difficult times, we are honored our longstanding partnership with the University of Florida allowed us to provide support to Floridians and their animals in a time of need," said FVMA's executive director, Jim Naugle.

Aflac and Trupanion Announce Joint Venture—Aflac Pet Insurance in Japan

Aflac Incorporated, a Fortune 500 company that helps protect more than 50 million people in Japan and the United States, and Trupanion, Inc., a leader in medical insurance for cats and dogs, are announcing a joint venture between Aflac Life Insurance Japan and Trupanion to provide high-value pet insurance in Japan. Beginning in the second half of 2023, pending necessary regulatory approvals, Aflac Pet Insurance will offer high-value pet medical insurance designed to help pet owners in Japan budget for unexpected care for their pets.

"This joint venture will combine Aflac's brand recognition, broad distribution network, and industry leadership in Japan with Trupanion's brand, strong reputation, and expertise within the pet insurance industry," said Frederick J. Crawford, president and Chief Operating Officer of Aflac Incorporated.

"We believe this offering [Aflac Pet Insurance] will provide individuals and families with protection that is of higher value than any pet insurance currently available in the market," said Masatoshi Koide, president of Aflac Japan.

"We are excited to enter Japan through our alliance with Aflac," said Margi Tooth, President of Trupanion. "We look forward to partnering with Aflac to build trust among veterinarians and their staff[s] at Japan's more than 10,000 veterinary hospitals. Together, we will ensure Aflac-insured pets are able to receive the best veterinary care, regardless of treatment cost."



Vetster Launches Mobile App for Veterinarians Practicing Virtually

Vetster, an online veterinary telehealth marketplace, connects veterinary professionals with pet owners via video, text, or audio chat. Vetster's mobile app for Android and iOS complements the company's top-rated web app, Vetster for Veterinarians, and gives veterinary professionals another tool to connect with pet owners as part of their virtual practice. The mobile app is now available for veterinarians practicing on Vetster.

A surge in pet adoptions combined with a veterinary workforce shortage has left many veterinarians seeking alternative ways to meet demand while improving their work/life balance. Vetster veterinarians use the platform to provide tele-triage, address nonurgent cases, provide follow-up appointments, as well as proactive and preventive health care plans for pet owners.

"Vetster is helping to address both the barrier to access and the overwhelming demand for veterinary care," said Vetster's Jo Myers, DVM. "For veterinarians looking to practice virtually, the Vetster platform provides a seamless user experience, with a user-friendly interface, high-quality video, and the ability to capture medical records in-app."

Veterinarians using Vetster have access to

- video calls
- appointment management
- direct messaging
- electronic medical records—captured and stored in-app
- VetsterRx—US veterinarians can use VetsterRx powered by PetMeds to prescribe prescription and nonprescription medication that can be delivered directly to the client.

For more information, visit [Vetster.com](https://www.vetster.com). Veterinarians registered and approved to practice on the Vetster platform can download and use the Vetster for Veterinarians mobile app.



FDA Conditionally Approves First Drug to Manage Acute Onset of Pancreatitis in Dogs

In November 2022, the US Food and Drug Administration (FDA) conditionally approved Panoquell-CA1 (fuzapladib sodium for injection) for the management of clinical signs associated with acute onset of pancreatitis in dogs. Panoquell-CA1 is an injectable drug intended for use while the dog is hospitalized for treatment of the disease.

Pancreatitis, a painful inflammatory disease of the pancreas, can be life-threatening. Dogs are usually hospitalized for treatment. In most cases, it occurs spontaneously. Common factors that increase the chance of developing pancreatitis include eating something outside of the dog's normal diet (particularly fatty foods), treatment with certain medications, and diseases like diabetes mellitus. It is more common in certain breeds of dogs and, in some dogs, may become a recurring or chronic condition.

"This is the first drug to address a serious and life-threatening disease that previously could only be managed through supportive care," said Steven M. Solomon, DVM, MPH, director of the FDA's Center for Veterinary Medicine. "The conditional approval pathway allows medications like Panoquell-CA1 to reach the marketplace more quickly, and in this case gives dogs suffering from acute onset of pancreatitis earlier access to a drug to manage this disease."

Conditional approval also means that, when used according to the label, the drug is safe and has a reasonable expectation of effectiveness. The initial conditional approval is valid for one year with the potential for four annual renewals. If the sponsor does not meet the requirements for substantial evidence of effectiveness at the conclusion of five years, the product can no longer be marketed.

Possible side effects to advise owners about include loss of appetite, digestive tract disorders, respiratory tract disorders, liver disease, and jaundice.



What FDA's Center for Veterinary Medicine (CVM) Does & Does Not Do

CVM's mission is "Protecting Human and Animal Health." The lists below clarify what CVM does and doesn't do to carry out its mission.

What CVM Does:

- Ensures animal drugs are safe and effective, properly made, and adequately labeled and packaged.
- Ensures that when food-producing animals are treated with an animal drug, food made from those animals is safe for people to eat.
- Educates pet owners, animal producers, veterinarians, and the animal health industry about the products it regulates.
- Monitors the safety of all types of animal food for all types of animals.
- Monitors side effects and product-quality problems that are reported for animal food, drugs, and devices (like thermometers and pacemakers) once they are sold on the market.
- Carries out research to support CVM's policies and regulatory decisions about animal food, drugs, and devices.
- Works to make more animal drugs legally available for minor species and for minor (infrequent and limited) uses in major species.
- Leads, coordinates, and manages CVM's international activities in collaboration with relevant FDA Centers and Offices as well as FDA's international regulatory counterparts.

What CVM Does Not Do:

- CVM does not provide veterinary advice.
- CVM does not regulate the practice of veterinary medicine.
- In most cases, CVM does not regulate vaccines for infectious animal diseases, like rabies and distemper. (The US Department of Agriculture regulates these vaccines.)
- CVM does not regulate all flea and tick products; it regulates some of these products as animal drugs, while the Environmental Protection Agency (EPA) regulates others as pesticides. An EPA-regulated product lists an EPA Registration Number on its label. A CVM-regulated product will have a six-digit New Animal Drug Application number or an Abbreviated New Animal Drug Application number and a statement that the drug is FDA-approved. (Note: Starting 9/30/2023, this information will be mandatory on animal drug labels.)

QUOTE OF THE MONTH

"A good man will take care of his horses and dogs, not only while they are young, but when old and past service."

—Plutarch

“Click” Chemistry May Help Treat Dogs’ Bone Cancer, MU study finds

In September 2022, researchers from California and Denmark were awarded a Nobel Prize in Chemistry for their development of “click” chemistry, a process in which molecules snap together like LEGOs, making them a potentially more efficient in delivering pharmaceuticals to cancer tumors.

Now, a researcher at the University of Missouri has shown for the first time how click chemistry can be used to deliver drugs to treat tumors in large dogs with bone cancer. Previously this process had been successful only in small mice.

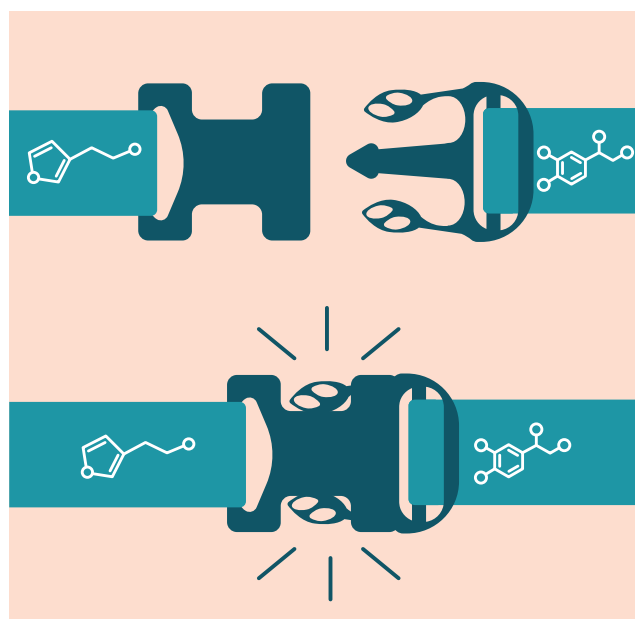
“If you want to attack a tumor using the immune system, an antibody is an extremely specific way to deliver a drug or radioactive payload to the tumor, but the problem with antibodies is they are huge molecules that circulate in the bloodstream for days or even weeks,” said Jeffrey Bryan, DVM, PhD, a professor in the MU College of Veterinary Medicine and author on the study.

The goal is for click chemistry to maximize the delivery of therapeutic drugs to the tumor while minimizing the circulation of those drugs throughout the bloodstream, risking dangerous side effects.

For years, many chemists assumed that click chemistry would not work to deliver treatment to large dogs or people because their size might prevent the therapy-delivering molecules from

finding each other and clicking together. In collaboration with Brian Zeglis, PhD, an associate professor at Hunter College in New York, Bryan conducted the first-ever successful proof-of-concept study at the MU College of Veterinary Medicine. Using click chemistry, doses of radiopharmaceuticals were delivered specifically to the bone cancer tumors in five dogs that weighed more than 100 pounds each.

“It is a huge step forward for the field to show that this worked in a human-sized body,” Bryan said. “Going forward, this may pave the way for click chemistry to be used to help humans with cancer in the future.”



Two Nonsurgical Cat Sterilization Studies Funded by Morris Animal Foundation

Two studies recently approved by Morris Animal Foundation focus on using nonsurgical methods to control the reproductive capacity of free-roaming, community cats in the United States. The first project will be conducted at the University of Georgia and the second at Tufts University.

“The importance of finding viable, safe, humane, and cost-effective techniques for nonsurgical sterilization in community cats cannot be overstated,” said Kathy Tietje, PhD, MBA, vice president of scientific operations at Morris Animal Foundation. “We’re excited about these innovative projects and their impact on population control of this specific group of cats.”

Beginning in 2023, the first project, conducted at the University of Georgia, will focus on developing an oral vaccine to decrease male cat fertility by reducing reproductive hormone levels. The second project, at Tufts University, focuses on an injectable medication to decrease hormone levels in female cats. The projects are expected to last 12–24 months.

Reducing the number of cats entering the shelter system and improving overall feline health outcomes are the primary drivers behind these new studies. An additional benefit will be reducing the environmental impact of feral cats through humane population control.

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Are You Seeing Enough Senior Pets?

Tips on Marketing to Owners of Senior Pets

by Mary Gardner, DVM

AS A SPECIES, OUR MAXIMUM LIFESPAN probably hasn't changed much over millennia. Yet scientific progress, especially in the last 150 years, has boosted our life expectancy and thus the chance we'll reach peak lifespan—all while living healthier throughout our years.

Over the last several decades, pets, too, have gained life expectancy rewards related to better medicine, nutrition, and health education that mirror those in human medicine. Plus, stronger family-pet bonds have bolstered owners' enthusiasm for enhancing their pets' lifelong quality of life. So veterinarians should be seeing many more patients in their advanced-age life stage than ever before.

Read the Guidelines!

Mary Gardner, DVM, was on the task force that developed the *2023 AAHA Senior Care Guidelines for Dogs and Cats*. Read the full guidelines for lots of useful information at aaha.org/senior-care.



Mary Gardner, DVM, and Bodhi during an annual exam

Get an Objective Perspective on Your Senior Canine and Feline Patient Numbers

Look for gray muzzles and tottering tabbies! Flag senior pets in your practice management software and run a new report every six months. Here's why:

I did a study with VetSuccess, and data from thousands of US veterinary clinics comprising over 14 million dogs and cats showed:

- 12% of dog and cat patients are puppies and kittens,
- 42% are ages 1 year through 6 years,
- **18% are ages 7 through 9 years,**
- **26% are ages 10 years and older, and**
- 2% are birth date unknown.

You don't want to lose touch with the 44% of your patients who are seniors.

The study also evaluated data from over 800,000 pets who were euthanized, and uncovered sad statistics:

- 55% of cats and 40% of dogs did not see their veterinarian in the 18 months before they were euthanized.

This data indicates that too many clients who have advanced-age pets don't visit their veterinarian for guidance on their ailing pets' issues during the last several months of their pets' lives.

That's too much missed opportunity for vets to better help elderly pets. We can do so much to manage these pets' ailments and support a good quality of life (for pet owners, too!) during a pet's late-life stage, but pet owners need to be aware of the help we can provide.

How Can We Better Help Senior Pets?

Understandably, veterinary practices tend to focus their educational and promotional efforts on puppy, kitten, and middle-life adult pet wellness but often fall short when communicating with and marketing to owners of senior pets. I've looked at hundreds of veterinary practice websites, and the vast majority feature images of young pets and focus on puppy, kitten, and adult dog and cat issues and diseases. Their senior pet content typically amounts to a suggestion that pet owners visit with their senior pet more often and get more diagnostics done to uncover hidden problems. In many ways, it's a scare tactic. Some even list "senior pet and end-of-life care" as a combined category, which may inadvertently send a message to pet owners that you can't do much for their senior pets, (so please separate these subjects!) Rarely do I see resources offered for the ailments that older pets face or support related to caregiver challenges. Too little information translates into lost opportunities for connection.

Similarly, next time you go to a veterinary conference, look at the various companies' marketing images. Most



Who could resist this face?



Maple gets Toe Grips placed with Fear Free techniques.

also tend to focus on younger pets. Senior pets are seldom the poster children, yet I think images of sweet, gray-face, bony-head dogs and dear, scrappy, skinny old cats would capture many hearts.

As pets reach advanced ages, pet owners are often faced with a lot of new physical challenges and emotional concerns that affect their pets and themselves. Clinical signs and diseases often change quickly in senior pets, so they need more frequent veterinary care, and their families can learn much during these visits to improve the later stages of their pet's life. Here are five tips to connect with them:

1) Create a robust senior pet healthcare plan.

Encourage owners to consistently seek veterinary guidance for their senior pets by:

- Bundling services—for example, offer four office visits/year discounted from the individual office visit fee to incentivize quarterly exams or rechecks.
- Not bundling services that pets may not need at this life stage (e.g., tailor vaccinations to the pet's lifestyle and environment, geographic area, and local laws).
- Allowing 30 minutes for your consultations.
- Providing a health observations questionnaire tailored to elderly pets for owners to complete and bring to their appointments. I've designed two you can use: bit.ly/seniordogquestionnaire and bit.ly/seniorcatquestionnaire.
- Encouraging owners of aging pets to take a photo and short videos of their pets (e.g., showing their

pet resting, playing, walking, using stairs, getting up and down from their favorite perch or nap spot, and getting into the litter box or out to the yard) every three months and keep them dated and organized for easy comparisons and to share them with you during veterinary visits. These help you suggest changes in the home for optimal senior pet living and safety and provide supporting information as you help owners assess their pet's quality of life.

- Suggesting that pet owners journal about their pets' health, so they can readily review their pet's progress or setbacks and easily identify concerns with you during visits. I've created two journals designed especially for owners of geriatric cats and dogs: bit.ly/seniorcatjournal and bit.ly/seniordogjournal.
- Creating a retail space for senior pet products, or providing product lists and ordering options for clients to consider. For example, I created an Amazon page specifically for senior pet care product suggestions: amazon.com/shop/drmarygardner.
- Offering special services such as senior pet housesitting, monthly "sanitary shaves," Fear-Free nail trims, laser therapy, physical therapy, and senior boarding/day care.

When clients complete pet health history forms in advance, you'll gain 40% efficiency (shorter appointment time), 80% higher client satisfaction (better appointment experience), and a 23% bump in revenue related to those appointments.

2) Teach more senior-centered topics. Share plenty of senior pet healthcare information and the idea of visiting your practice will more readily pop into the minds of families with senior pets. Provide the content—or point pet owners to reliable resources elsewhere—and bring these subjects and tools into the limelight:

- The aging process (simply stating that pets age at a rate of 7 years to our 1 year is insufficient and inaccurate) and signs of aging.
- The top 10 ailments or signs that senior cats and dogs struggle with:
 - Mobility
 - Cognitive dysfunction

- Sleep disturbances
- Low energy
- Pain
- Heart disease
- Kidney disease
- Dental disease
- Diminished vision
- Cancer
- Quality-of-life assessments. Many are available, and I created these:
 - for dog owners (bit.ly/dogLQ), and
 - for cat owners (bit.ly/catLQ).
- Special services your clinic offers (e.g., laser therapy, acupuncture, physical rehabilitation, geriatric boarding).
- Antibody titers for certain diseases.
- Support for caregiver fatigue.
- Saying the final goodbye.

3) Raise awareness and extend your reach. Many owners are in the dark about veterinary care options at the ready for their pets. Tip off pet owners about the behaviors and physical clues to watch for in their senior pets, and let them know you understand the challenges that they as caregivers may face. You'll gain their confidence, and they'll be more likely to reach



14-year-old Serissa waiting for her bloodwork results and showing off her harness

out to your practice for aged-pet assistance. Marketing is a must to stay in touch with clients and to reach pet owners who aren't already visiting your practice! Use these tools:

- Clinic website. About 30% of this content should call out senior-specific subjects and quality-of-life assessments.
- Photos and video clips of senior pets. Add these to all of your marketing efforts. In my mind, nothing outshines a skinny old cat or wobbly dog as a clinic model!
- Newsletters. Add golden-year dog and cat topics!
- Blogs and vlogs. Devote at least one-third of these messages to senior pet issues.
- Paid ads. Direct a few of your puppy and kitten advertising dollars to ads that illuminate veterinary care for furry elder family members.
- Social media. Make a third of your clinic's posts relevant to senior pet care and caregiver concerns.

4) Enhance your clinic. Everyone who visits and works at your practice should readily recognize that you also cater to senior pets. I suggest that veterinary clinics:

- Designate a "Gray Muzzle" parking spot.
- Send daily texts and photos to clients who board their senior pets, and personalize the appropriate areas (lobby, boarding suite) with surer footing (yoga mat or bathmats), a low-entry litter box, orthopedic bedding, and a proper perch or hide box.
- Create clinic policies and medical protocols specific to senior pets that address:
 - patient holding techniques, anesthesia procedures and monitoring, in-patient care, surgical positioning, venipuncture, and more.
- Train the entire veterinary team to understand the special considerations advanced-age patients may need with respect to food palatability, thermoregulation, noise, mobility, vision, discomfort, anxiety, elimination frequency, and medication administration. Teach them how they can carry through on your standards of care for these pets within their realm of responsibilities.

5) Care about the caregiver. For some, it's hard to fathom the difficulties pet owners have when they're caring for an ailing senior pet. The results of a survey I conducted with owners of senior pets showed that, on average, they spent 3.5 hours a day caring for their pets.



A lucky senior patient at Kingsbrook Animal Hospital getting special care.

Furthermore, a 2017 study of pet owner caregivers used mental health measures that have been studied in human caregiving relationships. The results showed that compared with caregivers of healthy pets, caregivers of terminally or chronically ill pets had more stress, more symptoms of depression and anxiety, reduced psychosocial function, and poorer quality of life. Another study in 2020 evaluated owners whose pets had cancer or suspected cancer. Similarly, the results showed that pet owners with greater caregiver burden had more stress, more symptoms of depression, and reduced quality of life.

Pet owners may suffer from caregiver burden but not recognize it. Educate them about the signs of caregiver burden, and provide resources to help them before and after their pet passes, such as:

- A website, petcaregiverburden.com, dedicated to educating owners and veterinarians about pet caregiver burden and exploring how to reduce the stress.
- Facebook support groups for different pet ailments (eg, dogs with hyperadrenocorticism or degenerative myelopathy, cats with chronic kidney disease or hyperthyroidism). I often suggest such groups because hearing from others who are managing the same issue can help.

- A caregiver assessment chart—for example, I created these for
 - dog owners (bit.ly/dogcgqol)
 - cat owners (bit.ly/catcgqol)
- Lap of Love's pet loss support resources, lapoflove.com/our-services/pet-loss-support, which can also help owners who are experiencing anticipatory grief.

Start Strong, Finish Strong

Veterinary practices get off to a fabulous start with healthcare education and communications centered on puppies, kittens, and middle-life adult pets. Maintain your momentum! Find opportunities to continue to showcase your strengths as a senior pet caregiving team that partners with owners in supporting their senior pets and easing their later-life caregiving concerns. ✨

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Mary Gardner, DVM, is cofounder of Lap of Love Veterinary Hospice; coeditor of a veterinary textbook, *Treatment and Care of the Geriatric Veterinary Patient*; author of four new books for pet owners: *It's Never Long Enough — A Practical Guide to Caring for Your Geriatric Dog*, *Geriatric Dog Health & Care Journal*, *Geriatric Cat Health & Care Journal*, and *Nine Lives Are Not Enough — A Practical Guide to Caring for Your Geriatric Cat*. She is also coauthor of two new books for kids: *Forever Friend: A children's guide and activity book for saying goodbye to a special dog*, and *Forever Friend: A children's guide and activity book for saying goodbye to a special cat*.





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Senior Focus on the Oral Cavity

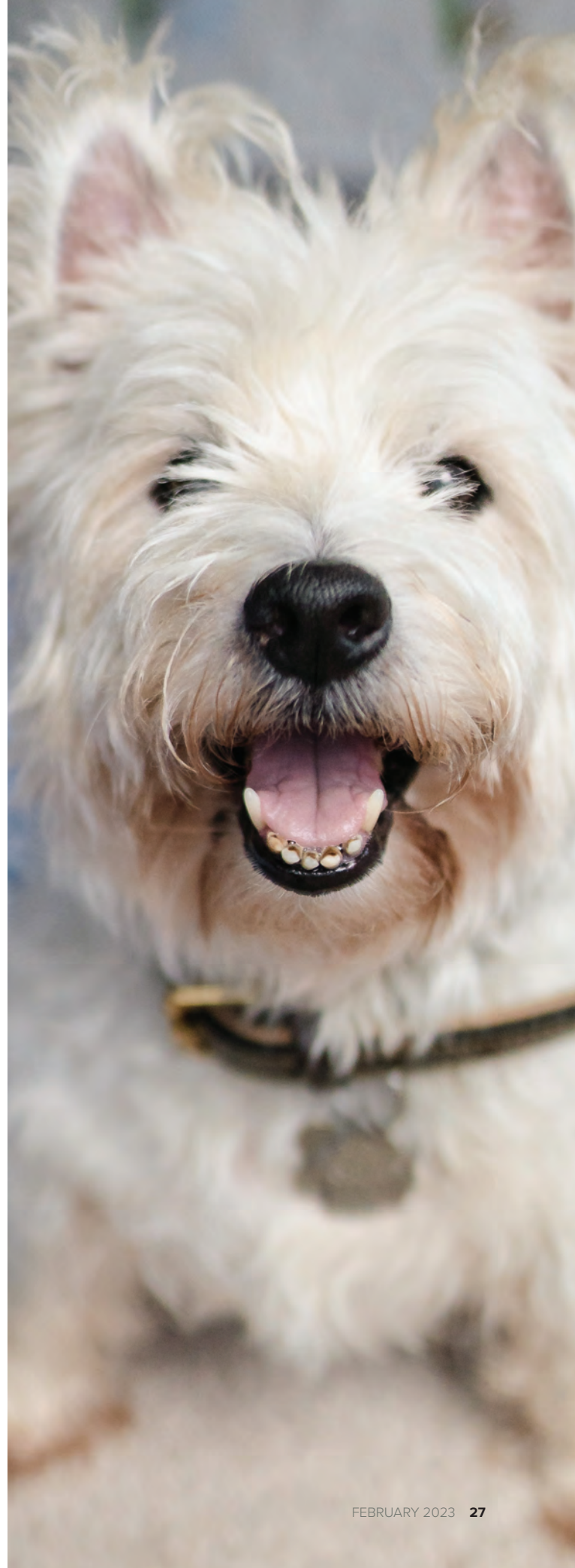
How Old Is “Too Old” for Dentals?

by Heidi Lobprise, DVM, DAVDC

THERE HAS ALWAYS BEEN A STRONG CORRELATION between senior pets and dental disease. The incidence of periodontal disease increases with advancing age, progressing if left untreated. The incidence of periodontal disease also is increased in smaller dogs due to a relatively decreased amount of bone (compared to tooth size), crowded teeth, and a more delicate jaw structure. Since smaller dogs typically live longer lives, a dental practice will likely encounter a significant number of smaller, older dogs (and cats) with dental disease.

Pets are living longer with a lifetime of care, but that older pet often has multiples issues or comorbidities. With these conditions, additional care needs to be taken for the general anesthetic procedure that is necessary for complete dental care.

While the actual number of years may not matter, and “age is not a disease,” aging is a process of gradual deterioration and decrease in physiological reserves, so our senior patients do deserve special attention. Identifying their life stage is the first step, which is fairly simple for cats, given the *2021 AAHA/AAFP Feline Life Stage Guidelines* that designate 11 years of age as senior for cats. Determining a dog’s relative age or life stage is more challenging, as giant breeds age more quickly, reaching senior status by 6 years of age, while a small dog is senior at around 9 years of age.



So, when is a pet “too old for dentistry”? The answer to that is obviously based on the individual, but since the continuing presence of the oral chronic inflammation and infection can further impact systemic disease and even aging itself, the benefits of the dental care typically outweigh the risks for the great majority of pets.

Sometimes the biggest challenge is convincing the owner about those benefits and overcoming their concerns. If there is obvious disease (draining abscess, oral tumor, pathological fracture), then stabilization of the patient prior to the procedure will minimize those risks. If the owner isn't convinced, a round of antibiotics and pain medications may show them that their pet does have infection and pain that responded to the medication.

You then have to convince them that the medications were a mere bandage, a temporary reprieve from the effects of the disease, and complete resolution will take a dental procedure. A good preanesthetic workup from this point can help evaluate any issues that may require some management or resolution prior to anesthesia.

Patient Assessment and Preparation

For the senior patient that needs dental or oral care, a thorough physical examination and complete diagnostics (blood chemistries, complete blood count, urinalysis, blood pressure) will provide an initial assessment of overall health. From body condition score (BCS) to evaluating lean body mass, thoracic auscultation and abdominal palpation, any variation may indicate the need for additional investigation.

A heart murmur or arrhythmia should be followed with thoracic radiographs and heart stress biomarker (ProBNP) or other chemistry assessment. If these are stable, the murmur doesn't necessarily indicate current decompensation of the cardiac system. If there are elevations in the vertebral heart score or ProBNP, an echocardiogram would be the next step to delineate how much disease is present and if management is necessary to stabilize the patient before anesthesia.

Once stable (or if already stable), appropriate analgesic, anesthetic, and monitoring protocols with preoxygenation can further minimize any risks present. Renal patients may need preoperative hydration correction or medication to stabilize their condition, with



While the actual number of years may not matter, and “age is not a disease,” aging is a process of gradual deterioration and decrease in physiological reserves, so our senior patients do deserve special attention.

appropriate medication choices and fluid therapy even in the postoperative periods. Senior patients with increased anxiety due to cognitive issues can be medicated previsit and Fear Free methods can be used to help decrease the stress to the lowest level possible. Pain management is also critical for all dental patients, but particularly the senior ones, to return them to normal function and normal eating as quickly as possible.

So, except for extreme cases, a patient is seldom “too old” for appropriate dental care. Now, if the client is willing to visit a board-certified dental specialist, some of the risk factors can be further minimized due to their likely comfort level with such patients and appropriate equipment and skills to help minimize the time under anesthesia.

The decision may also depend on the extent of the oral problems, but that can get complicated as well. There may be mild plaque and calculus present on the teeth, but how many patients have had hidden problems that were only discovered when dental radiographs were taken? Should we wait until there is swelling, abscessation, or a broken jaw before intervening? If a procedure turns out to be “just” a teeth cleaning—what a great surprise! Given that even minor amounts of plaque and calculus can support the presence of a chronic inflammation, even resolving that can be beneficial.

Complications and Staging

Too many times, however, we get into those old, small mouths and find out there is much more than we bargained for! What do we do then? While we can keep all monitoring parameters stable in many of these patients, even with procedures lasting two hours or longer, minor changes in blood pressure and especially body temperature can be real issues in these senior pets.

Plus, most practices don’t have the flexibility to take three hours for a procedure that had been scheduled for one hour, with other patients waiting. For those cases with surprise problems that require additional oral surgery, it can be a benefit to the patient (and to you) to “stage” these procedures and complete the more challenging oral surgery at a later time. In fact, you can even inform pet owners on the surgery admittance form that the decision to stage the procedure may be needed for their pet.

Most of these problems will only become apparent once radiographs are taken. While some of the initial cleaning may have taken place, taking radiographs earlier in the procedure will give the team a better idea of how many problems they will encounter. In fact, if I have selected certain teeth for extraction, we don’t spend a lot of time on them with meticulous cleaning. This also fits in with our scheduling for calling the owner during the procedure to update them on the work that is needed and the revised treatment plan.

At that point in time, you can reinforce the message of staging a procedure: providing a good general cleaning, radiographs and performing “simple” extractions, leaving the complicated extractions or potential periodontal surgery (oral surgery) for a later date. You can even give them the option to refer these cases for oral surgery (just

be aware of scheduling issues with your local specialist). In fact, once that patient returns in two to four weeks, blood work usually doesn’t have to be repeated, they are often more comfortable, and even the tissues may be less inflamed and easier to manage.

Common Conditions in Senior Pets

Periodontal disease in older dogs can often be quite advanced, particularly if regular professional and home care has not kept the oral cavity healthy over the years. Areas of special interest include the canine teeth and mandibular first molars, especially in smaller dogs. Identification of advanced bone loss often warrants extraction—careful, gentle extraction.



For those cases with surprise problems that require additional oral surgery, it can be a benefit to the patient (and to you) to “stage” these procedures and complete the more challenging oral surgery at a later time.



Periodontal disease in older dogs can often be quite advanced, particularly if regular professional and home care has not kept the oral cavity healthy over the years.

Untreated bone loss in these areas can lead to significant problems including potential pathogenic fracture of the mandible with minimal outside force, traumatic or iatrogenic. Often there is insufficient healthy bone present to allow surgical repair, and sometimes removal of the segment rostral to the fracture (rostral mandibulectomy) is a palliative option.

Bone loss at the mandibular canines and incisors can contribute to symphysis disintegration and often extensive mobility. Most pets adjust to that mobility, so stabilization with wiring is usually not needed. Eventual extraction of those canines may be challenging, but if chronic infection is present, they need removal.

Bone loss at the palatal aspect of the maxillary canines can lead to oronasal fistulation and not just in dachshunds. When these canines are extracted, special attention needs to be paid to the full thickness mucogingival flap. It should be slightly wider than the defect size, and complete release of the periosteum on the underside of the flap is essential to minimize tension on the flap closure. Even with healthy tissue and excellent flap design and closure, a persistent opening is always possible due to tension on the flap with every breath. Sometimes a secondary repair is needed.

A unique lesion seen in senior cats is chronic osteitis-alveolitis, primarily at the maxillary canines. Instead of a typical periodontal reaction of gingiva and bone loss, the buccal bone becomes expansile, buttressing and enlarging. The overlying gingiva actually seems to be stretched thinly over this expanding bone, and eventually periodontal pockets can occur and the tooth/teeth become mobile. The teeth may also over erupt, seeming to become longer, with root exposure due to this hypereruption, not due to gingival recession that causes root exposure in typical periodontal disease.

Summary

It is important to recognize that oral and dental disease often increases in incidence in older pets. Since resolving these issues can improve the patients' overall quality of life, managing the anesthetic risks of these patients, and concerns of their owners is critical. Seldom will a pet be too old to benefit from optimal care. ✱



Heidi Lobprise, DVM, DAVDC, graduated from Texas A&M University in 1983 and became a board-certified veterinary dentist in 1993. Lobprise was on the task force that developed the 2023 AAHA Senior Care Guidelines for Dogs and Cats. She is currently a veterinary dental specialist at Cibolo Creek Veterinary Hospital in Boerne, Texas.



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2023 AAHA Senior Care Guidelines for Dogs and Cats

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The *2023 AAHA Senior Care Guidelines for Dogs and Cats* provide strategies to make your practice senior friendly and teach your team to give senior pets—and their people—the personalized care they deserve.

Learn how to become a senior pet champion at aaha.org/senior-care.

The *2023 AAHA Senior Care Guidelines* are generously supported by Boehringer Ingelheim Animal Health, CareCredit, IDEXX, and Zoetis.



Guidelines



Be the
champion
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deserves

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Guidelines

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2023 AAHA Senior Care Guidelines for Dogs and Cats



Help your clients understand that old age is not a disease. |

Executive Summary

by Constance Hardesty

These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. Evidence-guided support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Further research is needed to document some of these recommendations. Drug approvals and labeling are current at the time of writing but may change over time. Because each case is different, veterinarians must base their decisions on the best available scientific evidence in conjunction with their own knowledge and experience.

This Executive Summary is not a substitute for reading the guidelines in their entirety. The full guidelines are published in the Journal of the American Animal Hospital Association (J Am Anim Hosp Assoc 2023; 59:1-21. DOI 10.5326/JAAHA-MS-7343) and online at aaha.org/senior-care



What's New

Veterinary professionals are taught to recognize that “old age is not a disease.” However, clients may have the perception that older dogs and cats undergo an unavoidable physical, mental, and behavioral decline attributable simply to old age. The veterinary team’s role includes providing medical care and support to senior pets to maintain their quality of life, as well as supporting and educating clients on proper senior care and addressing misconceptions about the aging process.

These guidelines describe a systematic, holistic approach to senior pet care. By using evidence-guided medicine, which may include conventional and integrative approaches as well as environmental management for the senior pet, the patient’s quality of life can be enhanced and potentially extended during this vulnerable life stage.

Developing a senior care program requires appropriate training of the entire healthcare team and includes a robust client education program that focuses on the pet’s wellbeing.

Palliative and hospice care should be included in the education and information provided to both the veterinary team and the families of senior pets.

Senior dogs and cats represent 44% of the pet population, and senior pets have special needs that extend beyond the examination room. A pet’s senior years are distinct from other life stages, but because of variability among species and breeds, no specific age denotes senior status. The *2019 AAHA Canine Life Stage Guidelines* define senior dogs as those in the last 25% of their estimated lifespan. The *2021 AAHA/AAFP Feline Life Stage Guidelines* and the *2021 AAFP Feline Senior Care Guidelines* define senior cats as more than 10 years old.

Healthy senior pets

Set a senior-friendly tone by taking a thorough history and using open-ended questions. Gaining an understanding of the pet’s environment is crucial. This approach may reveal issues not mentioned when the appointment was made. Checklists and chronic pain scales facilitate screening, and videos can aid in assessing pain, mobility, and movement.

Establish what pharmaceuticals, supplements, nutraceuticals, creams, oils, or other therapeutics (including cannabis products) the pet receives in order to evaluate the need for additional therapeutics, minimize drug interactions, and build a trusting client-veterinarian relationship.

Following a thorough physical exam (the guidelines describe several factors relevant to senior pets), address other topics, including mobility issues related to osteoarthritis, metabolic issues such as kidney or liver disease, and functional issues such as heart disease or neoplasia. Table 1 lists

several diagnostic tests to include in a once- or twice-yearly medical workup.

Anesthetic and surgical considerations. Senior pets can safely undergo multiple anesthetic events. If clients feel anxious, reassure them about the need for and safety of the procedure.

The guidelines discuss several ways to minimize risk and complications before, during, and after anesthesia and surgery, from medication choices to use of checklists and pain management scales. Additional information can be found in the *2022 AAHA Pain Management Guidelines for Dogs and Cats* and the *2020 AAHA Anesthesia and Monitoring Guidelines for Dogs and Cats*.

Dentistry. Because senior pets may have increased risk for oral cavity issues, the oral cavity should be examined at every veterinary visit. Videos of unusual eating practices can help assess a problem.

Different dental issues affect senior dogs and cats, including periodontal disease, oral tumors, and tooth resorption in cats. To provide adequate care, radiographs are recommended, and anesthesia is required. For advanced or complex disease, if it is not possible to refer to a board-certified veterinary dentist, staging procedures can minimize anesthetic risk. Resolving oral and dental issues can greatly improve quality of life (QOL).

The *AAHA 2019 Dental Care Guidelines for Dogs and Cats* provide a comprehensive supplement to these guidelines.

Nutrition for the healthy senior. For cats, the effects of age on energy requirements are extremely variable. For dogs, maintenance energy requirements generally decrease over the lifetime. The guidelines discuss the use of muscle and body condition scores to help monitor normal aging and age-related disease changes and needs for nutritional adjustment. Issues related to digestibility of nutrients, protein synthesis, loss of lean body mass, and obesity are briefly discussed, along with some observations on nutritional needs.

Consult the *2021 AAHA Nutrition and Weight Management Guidelines* for more information.

Evaluating the unhealthy senior pet

Senior pets are at a greater risk for illness in their final years. This section begins with a reminder of the importance of preventing and screening for chronic disease, followed by common signs of chronic disease and recommended diagnostic tests.

Table 2 summarizes diagnostic approaches based on body system. The table is not exhaustive, and additional diagnostic approaches may be warranted.

Senior pets may have several concurrent medical issues and associated clinical signs. Referral to a specialist may be indicated for complex comorbidities. If a client declines diagnostics or treatment, veterinarians should discuss the benefit of symptomatic treatment to improve the pet's QOL. This may encourage the client to accept palliative care.

Cognitive dysfunction and behavioral anxiety. This section describes clinical signs, guidance for diagnosis, and treatment. Clinical signs of cognitive dysfunction vary between dogs and cats. Clients may not recognize early signs, but prompt recognition is crucial because early treatment is more effective.

Signs in dogs include **D**isorientation, alterations in social **I**nteractions, changes in **S**leep-wake cycles, loss of **H**ouse training and other learned behaviors, altered **A**ctivity levels, and increased **A**nxiety (DISHAA). Cats experience similar signs, plus increased interaction and vocalization. Anxiety is significant and can be directly treated. Managing pain is important when treating anxiety.

Cognitive dysfunction may be treated with selegiline (for dogs), diet, and environmental enrichment. Some treatments, like acupuncture

and certain diets, have not been validated.

Pain management. Clients may not recognize signs of pain in their geriatric pets. Teaching clients to recognize and monitor acute and chronic pain should be paramount. Videos can be used to evaluate changes in movement or to monitor responses to treatment.

The guidelines recommend an integrative and multimodal approach to managing pain and mobility. Options range from pharmaceuticals, nutraceuticals, and herbals to weight management, acupuncture, physical modalities, environmental modifications, and rehabilitation therapies. Counsel clients on home modifications, including helpful pet accessories and ways to address potential hazards.

GOLPP complex. Geriatric Onset Laryngeal Paralysis Polyneuropathy



Clients may not recognize early signs of cognitive dysfunction, but early treatment is more effective.



**Allow adequate time:
The initial end-of-life
appointment may take up
to three hours.**

(GOLPP) is increasingly recognized in geriatric large-breed dogs and causes degeneration in the long nerves. A brief note describes clinical signs, possible comorbidities, and possible treatments.

Nutrition in disease management.

Changes to nutrition may assist in managing diseases like hypothyroidism in dogs, chronic kidney disease, osteoarthritis, and hyperthyroidism or diabetes mellitus in cats. Different ingredients in a balanced diet may be used to treat or manage a chronic disease, such as cognitive dysfunction syndrome, immunosenescence, osteoarthritis, and heart disease. For cats with diabetes mellitus, treating for obesity and inactivity is beneficial.

For palliative care patients who refuse to eat, the guidelines name several approaches, including feeding tubes, medication, and fluid administration. Offering favorite foods may provide some nutrition and a positive experience for the caregiver and patient.

End of life and euthanasia. The 2016 AAHA/IAAHPC *End-of-Life Care Guidelines* provide recommendations for maximizing patient comfort and minimizing suffering while providing a collaborative and supportive partnership with the caregiver client.

When there is a chronic, progressive, or terminal diagnosis, palliative care consists of symptom and pain management along with curative treatment. The end stage of palliative care is hospice, which provides planning for the decline of the pet, dealing with a crisis, and how the family would like the animal to die (euthanasia or palliated death from their disease). The guidelines recommend developing a daily and crisis plan to provide patient care and support for the family.

The introductory end-of-life appointment may take up to three hours. Begin with a complete physical examination and a conversation about the pet's history, diagnosis, and current medications. Then discuss the diagnosis, prognosis, and clinical outcomes, as well as a care plan based on client goals. The discussion may also cover palliative, hospice, or humane euthanasia options.

If a client seems overwhelmed, schedule another time to continue the discussion. Recognize possible limits to what clients can do to provide nursing care, and discuss factors that may affect their decisions about end-of-life care. Although the client is generally the best advocate for the pet, veterinary teams may help guide their decisions.

Senior and end-of-life care involves a range of professionals, including

the medical team, grief counselors, respite workers, and more. The guidelines offer suggestions to address compassion fatigue for both clients and staff.

Making Senior Pets a Priority

This section offers valuable details about how to create a senior-friendly practice by:

- Evaluating the physical space
- Planning for the senior pet appointment
- Preparing and providing client information
- Promoting senior pet care
- Managing the caregivers' burden
- Communicating with families of senior pets
- Using telehealth and telemedicine
- Educating the veterinary team

Unfortunately, an executive summary cannot do justice to the wealth of information the guidelines provide. As always, it is essential to read the guidelines in their entirety. The following are selected highlights.

Create a senior-friendly hospital.

Be mindful of senior pets' needs at every stage of the veterinary visit. A Senior Pet Champion team can develop procedures and identify improvements to create an optimal practice culture.

Evaluate the physical space.

Consider outdoor ramps for curbs and stairs, flooring that provides traction, light and noise dampening, increased padding for recovery beds, and pheromones to control anxiety.

Plan for the senior pet's appointment.

Provide a species-specific questionnaire and, as appropriate,

request video or photos; allocate sufficient time for the appointment; and prepare client education materials ranging from appointment-specific information and instructions to educational handouts and a senior pet information kit (similar to new pet kits).

Promoting senior pet care.

Emphasize what your practice does differently. Use photos and video to show changes you have made to the building. On your website and social media, be sure 30% of visual content features senior pets. Offer end-of-life resources, like a QOL checklist.

Manage the caregiver burden.

Senior care can be emotionally taxing. Supporting the caregiver may involve recognizing the potential for family conflict, providing resources about respite care or coping mechanisms, creating a care plan, and prioritizing client and patient needs.

Communicate with families.

Effective communication may involve

addressing multiple family members, explaining an array of medical issues, conveying information about a declining condition or serious illness, and answering many questions. Guide discussions with honesty and sensitivity, organizing information into logical “bites.” Give careful attention to issues surrounding medication. Repeat medical recommendations, and check that clients understand and agree with the plan. Schedule a follow-up to evaluate how medications are working and how the client and pet are adjusting to the plan.

Use telehealth and telemedicine.

These technologies benefit senior pets by avoiding visits to the practice, which may be difficult and stressful. Moreover, viewing pets at home may provide a truer picture of their behavior. These technologies also allow teleconsultation with specialists. Among other benefits, more frequent high-quality rechecks improve patient outcomes, while access to

online patient records facilitates communication and cooperation.

The *2021 AAHA-AVMA Telehealth Guidelines for Small Animal Practice* provide more information.

Educate the team. Train the team to promote senior pet care and to communicate effectively with clients, especially when explaining healthcare recommendations. Formal training should cover the aging process, senior pet–friendly techniques, and modifying the clinic environment. Team members should recognize that senior pets may be frail, understand how common symptoms of aging affect patients, and be competent with low-stress handling and other comfort measures.

The caregiver-pet bond means different things to different people. Work with clients to ensure the animal is not suffering, as sometimes families have difficulty letting go. Educate teams on how to recognize and anticipate bereavement and grief. Provide support for team members who work in emotionally charged situations, and encourage them to seek help when needed.

When both the practice team and clients understand the goals for senior pet care, successfully implementing an effective healthcare program for older pets is all but ensured. ✨



Teach clients to recognize and monitor acute and chronic pain.



Constance Hardesty is a freelance writer and author currently researching her PhD in Oxford, England.

Guidelines at a Glance

Senior dogs and cats represent 44% of the pet population, and they deserve the best care we can offer in their senior years. The 2023 AAHA Senior Care Guidelines for Dogs and Cats help your team create a practice that doesn't just accommodate senior pets, but actively welcomes them.

Let family members know that aging is not a disease, and there's a lot they can do to make their senior pets' golden years enjoyable and rewarding.

Here are just a few of the ways you and your team can become champions for senior pets!

Recognize that senior care is multifaceted and includes:



- Medical and interventional therapies
- Behavioral management
- Awareness of comorbidities
- Environmental modification

Plan ahead for senior pet appointments:



- Schedule extra time
- Discuss expectations and progression with clients
- Offer handouts/resources to support and educate clients

Let your clients and the public know you care about seniors:



- Have an end-of-life care section on your website
- Make sure senior pets are at least 30% of the visual content on your website
- Show videos of the senior-friendly changes your practice has made

Learn how to become a senior pet champion at aaha.org/senior-care.



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The 2023 AAHA Senior Care Guidelines are generously supported by Boehringer Ingelheim Animal Health, CareCredit, IDEXX, and Zoetis.

Meet Harvey and Gladys



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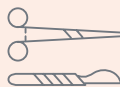
3 Takeaways



- Because of variations in breed, size, lifespan, and species, senior plans cannot be one-size-fits-all



- Healthy and unhealthy senior pets require different approaches to management

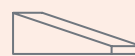


- Staging surgical and dental procedures, when possible, is a viable option

2 Actions



- Create physical space that is senior-friendly, including:



- Designated rooms for seniors that are calm and noise-free



- Use of ramps, rugs, and floors with good traction

- Plenty of padding and soft bedding for seniors in exam rooms, treatment areas, and kennels



- Simplify monitoring and follow up:

- Use videos, pictures, and pre-visit questionnaires

1 Thing to Never Forget



- Senior care is not just about taking care of sick pets! Let your clients know your team is ready to offer expert care and support for their beloved senior family members, no matter where they are in the aging process.

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Cherice Roth: A Veterinarian of Influence



“This is the first time in my entire veterinary career that I can show up as Cherice—and feel safe doing it.”

—CHERICE ROTH, DVM

Telehealth, Access, Representation, and More

by Kristen Seymour

When Cherice Roth, DVM, learned she'd made *Entrepreneur* magazine's 100 Women of Influence list alongside Jennifer Lopez and Oscar-winning filmmaker Ava DuVernay, she was honored—and completely blown away. “I was like, why would a veterinarian end up on there?” she laughs.

The answer lies in the way *Entrepreneur* defined “influential.” They highlighted individuals influencing the industries that shape our lives, for women influencing our equity and access to resources. Given those specifications, it's little wonder Roth, a tech lover who's been on the cutting edge of telehealth and a voice in the push for representation in veterinary medicine for years, was featured.

As a finalist, Roth told the magazine about her background, her philosophy of veterinary medicine, and her hopes for the industry's future. “Of course, they chose the paragraph about my dog dying,” she says, referring to her childhood dog, Ebony, who passed away in their backyard—not because she was unloved or because her family wasn't planning to take her to the vet, but because they were trying to get her to the weekend. “My parents were hourly workers; I was a first-generation college student,” she says. “Paid time off was something you used to go pick up your kid when they're sick. We just didn't know what we didn't know, and that's exactly the

case for these families we're all trying to serve."

Today, Roth knows plenty—and that's because she asks questions. She asks questions of other doctors, clients, and the industry. That's how she learned, upon entering veterinary medicine, that her family's experience wasn't unique. "I realized that it happens all the time," she says, "and that there was something we could do about it."

Increasing Access

Ebony's story might not have been Roth's top choice for the *Entrepreneur* article, but it's certainly relatable. And when she first began practicing in New Mexico in 2013, that relatability made it a little easier for her to ask clients about what kept them from seeking care for their pets in situations where an issue had been progressing. "Sharing my story let them know that I get it, I've been there," she says. The exact circumstances may have been different, but, "The bones of the story—not being able to get access to veterinary care, or not even knowing it's needed—came through crystal clear."

She carried those stories with her as she built her reputation in Albuquerque and as she honed her orthopedic surgery skills and performed surgeries at various hospitals in the area, increasing access for pet owners who couldn't get to a specialist was top of mind. "[My surgeries] were lower cost because I wasn't a board-certified veterinarian or specialist, but I knew what I was doing and practiced high quality medicine and surgery," she says. However, follow-up care was a challenge because her patients weren't solely at her main practice.

That's where her love of technology came into play.

To keep tabs on these patients, Roth made herself directly available to owners via phone, text, and FaceTime. "I'd say, 'Send me a video of Fifi walking after her hip surgery so I can make sure everything is going to plan,'" she recalls. When the results were as expected, she'd tell owners to keep doing what they're doing. But if the pet did need to come in, she could reassure them that it was important enough to warrant the time off work.

It didn't take long to realize she was onto something.

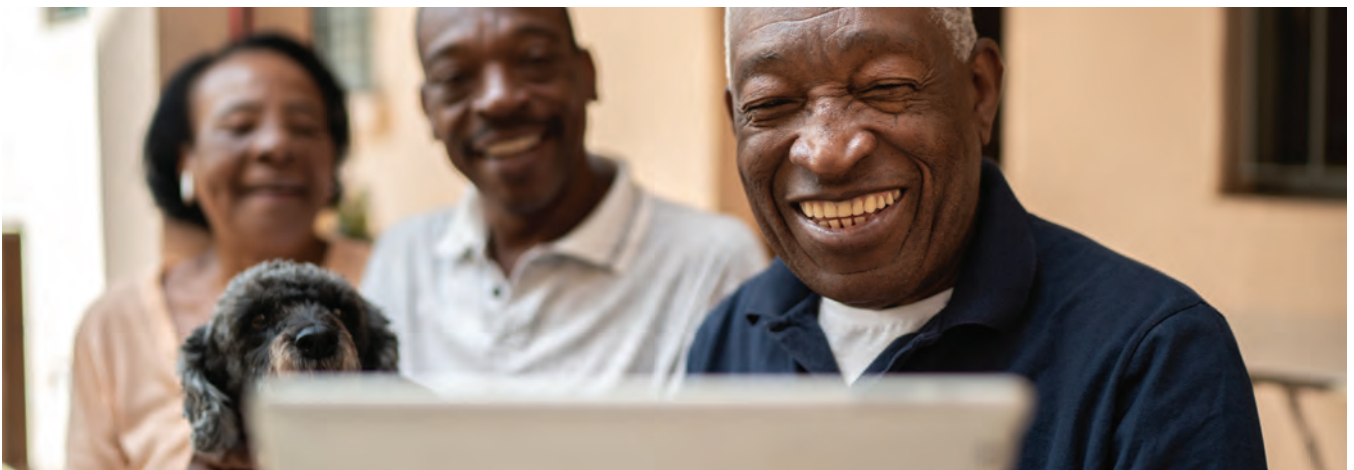
"These people were happy; they were appreciative," she says. Her customer satisfaction score was high because she'd made herself more accessible, although she stresses that, as a new mom, she was not always available. Clients appreciated the virtual access she provided during working hours, and their pets received excellent care. Everything was going beautifully.

And Roth was just getting started.

Taking Charge and Making Change

In 2017, Roth joined a company doing an early version of veterinary telehealth. She was doctor number 15 and immediately asked, "Who are the other 14?"

Turned out, the other doctors were working separately as contractors; Roth connected them and formed a team. When they didn't have answers to all her questions, she brought solutions, she says. "We started to standardize the questions we asked [clients], as well as the experience the pet parent got."





Telehealth and Senior Pets

Roth notes telehealth is particularly impactful in senior pet health—on the client and the veterinary side. At Fuzzy, she's proud to have hospice and end-of-life care specialists on staff to talk to pet parents about quality of life. "We educate them on things like sniffaris, puzzles, how to keep their pet engaged cognitively," she says.

Additionally, transporting senior pets with mobility issues can be challenging, and while some in-office appointments are necessary, a virtual visit can help pet parents know when it's worth the stress it'll put on their pet.

Telehealth can also be a tremendous source of support when a pet (senior or otherwise) has a complex medical issue. It can be hard for clients to process the information that accompanies a diagnosis, Roth says. "We often have people say, 'Hey, my pet has this disease. Now what the heck do I do?'" Her team can go over prescriptions, talk about the disease process, and even set up a digital physical exam to discuss the pathology and outcomes. "They can go over all those things that the clinician probably mentioned in the appointment, but the client couldn't quite comprehend."

Importantly, they also get the chance to talk through the hardest decision pet parents must make. "When it's the middle of the night, and they're thinking, 'Oh my gosh, is it time?' we're able to have those discussions—and maybe we can do it before something dramatic happens," she says. Once a pet has passed, they can connect people with veterinary grief counselors within the Fuzzy network, so even when they no longer have veterinary questions, they're not alone.

Roth became their director of veterinary programs, which empowered her to build out the first virtual care university, a platform for training new doctors created from all her notes about what makes a great telehealth or telemedicine exchange.

But she wasn't satisfied with streamlining things within her team alone, so she started asking other vets why they weren't offering telehealth services. She got two responses.

"The first was, 'How could you? You're going to singlehandedly bring down veterinary medicine,'" she says. "But look, there are over 100,000 pets out there without any type of care at all. At what point do we decide there's enough for everybody?" Telehealth isn't affecting the topline of revenue at their hospital because frankly, they aren't seeing the same clients, she says. "The people coming to us have no veterinary relationship. Over half the people we talk to can't name a veterinary clinic."

The other reaction was the opposite: "Oh, wow, we actually do this all the time; we just don't charge for it. We don't have a systematic approach, and we don't have the right boundaries in place."

However, it wasn't only her fellow veterinarians Roth wanted to convince but decision-makers at large corporations. Fortunately, through her work on a mergers and acquisitions team for a large veterinary corporation, she had the opportunity to ask various leaders about their goals in business—then explain how telehealth could help both business

and pets by accessing new clients, facilitating follow-up, and freeing up staff, all while reducing overhead costs. “The operations piece is actually cheaper for the hospital; they can help more pets than ever, and we can abide by our oath by preventing animals from suffering,” she says.

A Future at Fuzzy

After a few years, Roth was ready for a change. “For the first time in my life, I was minding my own business, working at one job and being a mom,” she says.

Then she started getting messages on LinkedIn from a man named Zubin Bhattay.

She ignored them.

“Finally, he said, ‘Hey, I’m the CEO of Fuzzy, and I want to talk to you because I think you might be my new chief veterinary officer,’” she says. “And I was like, well, suddenly I have time to talk to you! Look at that.”

This time, Roth didn’t bring the questions; Bhattay did. He’d seen her videos about telehealth and wanted to know more about her

“I felt immensely alone, not just because I was older and married, but because I was a woman of color in veterinary medicine.”

—CHERICE ROTH, DVM, ON HER EXPERIENCE IN VETERINARY SCHOOL

experience, where she saw the field going, and how they could make that happen.

Never before had she aligned so well with someone around their vision for their company. “I had this moment of, is this real?” she says. “One of the things we talked about is that less than 2% of veterinarians are Black. Even less female. And the ones in leadership? It’s less than half a percent. So, Black female chief veterinary officers rarely happen. I was like, ‘Are you sure?’”

Today at Fuzzy, Roth has a virtual veterinary clinic that keeps high medical quality and a great customer experience paramount. They reach populations that might otherwise go without vet care, including clients who are housing challenged, and they employ veterinary professionals who, for one reason or another, can no longer physically work in hospitals but still love practicing veterinary medicine.

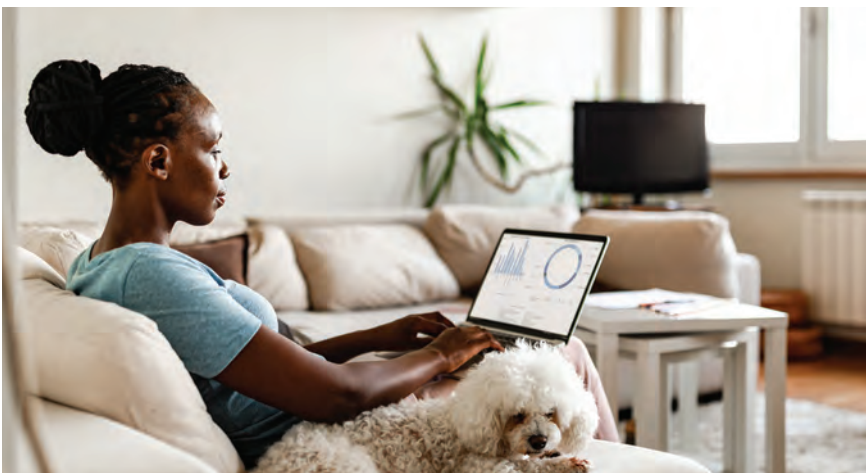
Showing Up as Cherice

Aside from advancing virtual veterinary care, Fuzzy has also prioritized representation.

“This is the first time in my entire veterinary career that I can show up as Cherice—and feel safe doing it,” Roth says, her voice filled with emotion. “I didn’t think that was possible, and I vastly underestimated how important it is. I belong here. I’m accepted and celebrated for who I am. I can say what’s on my mind without being worried about being seen as an angry Black woman.”

Because she’s passionate about what she does, and because veterinary telehealth remains controversial, Roth’s often in direct opposition to people she loves and respects. “It’s not easy, but it needs to be done, because the mission is to get these animals the care that they deserve,” she says. “To have to also code switch while doing this hard work would be impossible.”

Another indication of Fuzzy’s commitment to representation is the company’s purchase of the first 100 copies of her children’s book, *What’s a Real Doctor?* The book explains that veterinarians are doctors and features Roth along with two young Black children, her sons Tristan and Cooper. “I don’t have to talk about the fact that I’m a Black, female, dreadlocked veterinarian,” she says. “I just am in that book, and I’m working on a different species in every illustration.” Her second book, *What Does a*



“If you’re telling me that diversity, inclusion, belonging, and equity are important to you, I’d better not see a board full of old white dudes.”

—CHERICE ROTH, DVM

Real Doctor Look Like? shows that doctors look like all of us, she says: “Male, female, anywhere in between, different physical capabilities, different ethnicities, different physical traits.”

While her books are for children, the message serves a broader audience. Truthfully, Roth herself could’ve used it; when she first got into vet school, she says, “I felt immensely alone, not just because I was older and married, but because I was a woman of color in veterinary medicine.”

Organizations like the Multicultural Veterinary Medical Association (MCVMA) helped her feel braver about showing up in places as her authentic self, she says. She’s now on the advisory board for MCVMA and Canadian VIBE (Veterinary Professionals Instilling Black Excellence), where she inspires and advocates for the Black community in her profession.

Roth appreciates the recruiting efforts and scholarships being offered to veterinary students of color, but more must be done to let them know they belong. “Once you’ve brought them

here, they’re in an echo chamber,” she says. “It’s extremely hard to deal with the labor-intensive rigor of veterinary medicine and also to deal with feeling like you don’t belong there.”

And lip service isn’t enough. “Any time someone asks me to consult or be an advisor, the first thing I do is look at their advisory board,” she says. “Because if you’re telling me that diversity, inclusion, belonging, and equity are important to you, I’d better not see a board full of old white dudes. Where’s the effort?”

This shouldn’t be a hard ask. “We are capable. We are leaders. We own and run hospitals and multimillion dollar companies,” she says. “We deserve a seat at the table, and then we can help people feel like they belong.”

The Future of Telehealth

That need for representation is also evident when Roth shares her hopes for veterinary telehealth and telemedicine.

There are many conversations happening around telehealth, telemedicine, and what it means for

the people and animals in various states. Roth urges those in positions of power to talk to clinicians who are actually doing that work—who are increasing access to care for various populations, and who are unable to provide the level of care those animals need due to regulations preventing them from prescribing. “If you’re having these discussions and you look around the table, and there’s no one there who is actually performing telemedicine? You’re doing it wrong,” she says. “I’ve been in veterinary board meetings and I’ve listened to people say things out of fear that are not accurate. They’re just not.”

Although Roth’s often the one asking questions, she’ll happily answer them, too. “If you want to know how we measure medical quality, if you want to know how we obtain medical histories, how we do digital physical exams, ask me,” she says. “I’m an open book to my colleagues. A rising tide carries all ships.”

We have the capabilities to make veterinary telehealth—and telemedicine—available to everyone, she says. “Let’s make good, common-sense regulations around it—but let’s do it.” ✨



Kristen Seymour is a freelance writer based in Sarasota, Florida. She’s a frequent contributor to many pet-focused publications including *HealthyPet Magazine*, *USA Today’s Pet Guide*, *Vetstreet.com*, *DailyPaws.com*, *Happy Paws*, and more.



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In My Experience

Soft Spot for Seniors

by Kaitlyn Choi



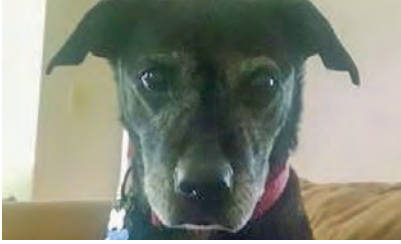
Lily Potter (aka Catness)

Each time we welcome a senior into our home, it's an unspoken acknowledgement that there will, inevitably, be messes to clean up, medications to be administered, countless visits to the veterinarian, and ultimately, heartbreak all too soon. But we will never hesitate to help a cat or dog in need of a soft place to land for their final years.

As a lifelong animal lover and pet owner, I knew early on that I have a real soft spot for senior pets, particularly those who find themselves in a shelter late in life. My first experience adopting a senior pet was Annie (named after the well-known orphan), an estimated 12-year-old Lab mix, who was found wandering the streets and no one ever came forward to claim her.

When I walked down through the dog room that fall afternoon in 2012, I almost passed by the thin black dog sitting quietly in the back of her kennel; she was easy to overlook compared to the other exuberant dogs seeking attention, but for me, it was love at first sight. With little more information than the fact that she was old, mellow, and didn't seem to mind my golden retriever, she came home with me and was spoiled for a wonderful 3½ years before old age finally caught up with her.

Since then, my family has welcomed several more seniors into our home and loved on them for as long as we were privileged to. Mama, my heart cat, was adopted at 10 years old and became my sidekick for the next eight years. Penny, the senior stray kitty, turned out to be far from cat-friendly, but we juggled her alongside our long-term felines for 11 months before kidney failure got the best of her. After losing Mama, our golden retriever Oliver, and Penny, all within 18 months, we needed a break from the constant heartbreak and paused the senior adoptions.



From top: Penny, Annie, and Mama

In the fall of this year, though, a picture of a frail 4½ -pound cat named Catness scrolled across my social media, and I knew it was time to jump back in. The

Photos courtesy of Kaitlyn Choi

shelter was looking for a hospice home for this cat, who was found as a stray and determined to be in early kidney failure. A quick text to my husband, letting him know I was heading to the shelter to meet a cat, and I was on my way. About an hour later I sent him a picture from the cat room floor, Catness sitting next to me, and he simply responded: “She’s coming home with you, isn’t she? What do you need me to set up?” Thank goodness for the partners who support—or at least accept—their significant other’s call to adopt all the seniors!

Each time we welcome a senior into our home, it’s an unspoken acknowledgment that there will, inevitably, be messes to clean up, medications to be administered, countless visits to the veterinarian, and

Senior Love In My Experience

ultimately, heartbreak all too soon. But we will never hesitate to help a cat or dog in need of a soft place to land for their final years. The love you receive in return is unmatched, and the lessons we are able to teach our children about loving and losing pets are invaluable parts of helping these animals.

In the last decade of helping senior pets in need, they have helped me and my family just as much. They have brought a sense of love and appreciation that is hard to find, and for that I am forever grateful. ✨



Kaitlyn Choi is AAHA's senior marketing manager.



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Episodes








 Smoothing Out the Referral Experience, with Patty Lathan, VMD, MS, DACVIM, and Renee Rucinsky, DVM, DABVP (Feline)



 Bridging the Gap: Palliative Veterinary Care Takes a Team, with Lynn Hendrix, DVM, CHPV

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Communicating in Pictures

Infographics are Taking Control of the Data Stage. So Can You

by M. Carolyn Miller

Once upon a time, educators believed that people take in information best when it is in their preferred style. Do you like to see information in pictures and visuals, or do you prefer an auditory format? Do you remember information better if you read and/or write it, or must you touch and feel it (kinesthetic)?

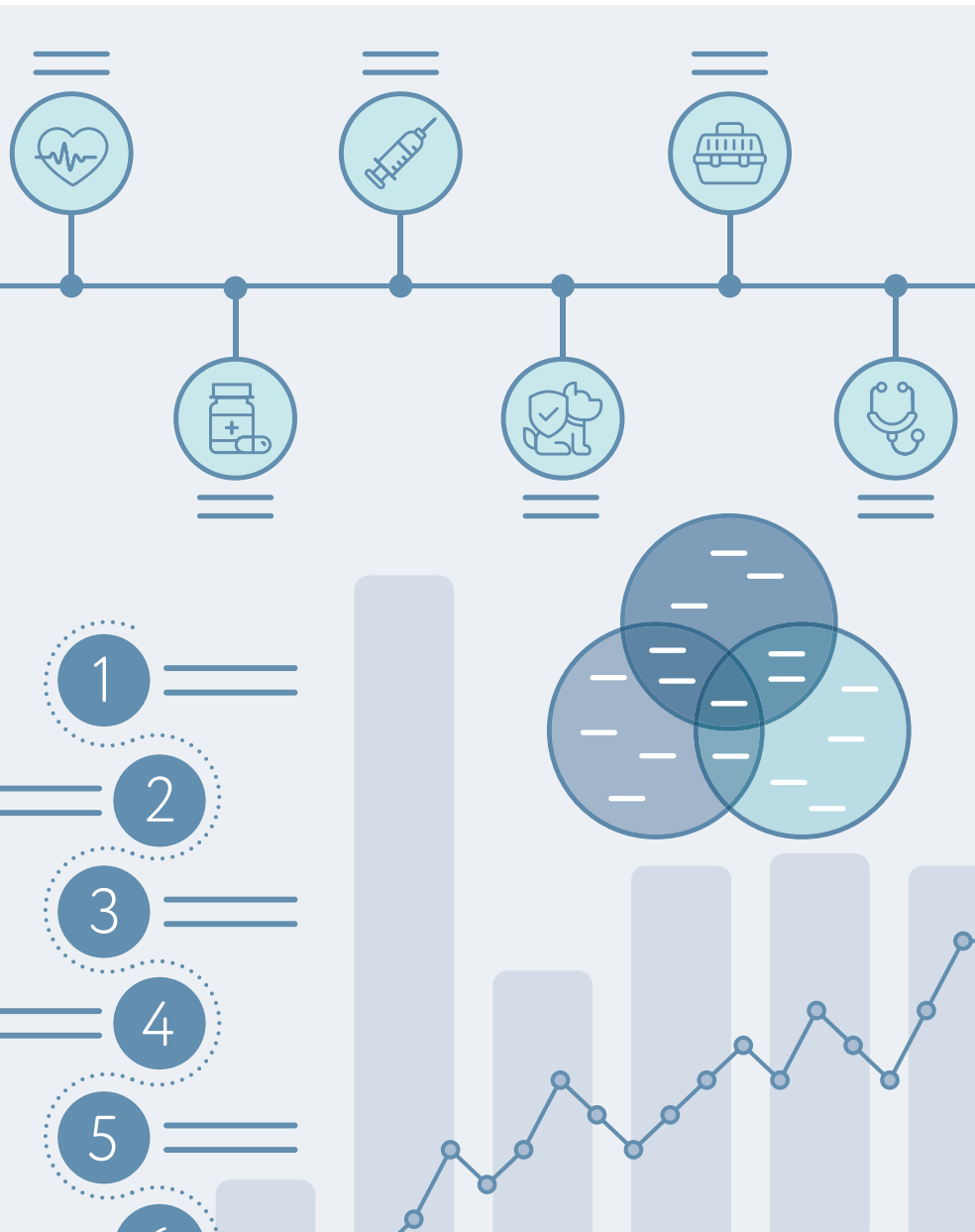
All these styles anchor information in a way that “just the facts” do not, that is, emotionally. But today, thanks to social media and the sheer volume of data we interact with daily, the loudest voice in the data room is visual.

Enter the often-playful infographic and its serious big sister, data visualization. They are here to stay. Indeed, online searches specifically for infographics increased more than 50% in March 2020 compared to March 2019, according to the Content Marketing Institute.

As a practice owner or manager, it behooves you to get on the visual bandwagon. Not only can you increase the reach of your data (infographics are saved in a single file and easily shareable), you can positively impact your brand and ensure attention.

Who’s On First: The Visual Data Players

As the term implies, an infographic is a visual representation of information. It tells a story, with



The loudest voice in the data room is visual. |

text, graphics, illustrations, icons, and/or interactivity. Those stories can include, for example, a new customer service process you want to share with your staff. It can also include a wellness checklist for your customers.

Data visualizations are often folded into an infographic. (Think pie charts, flow charts, and maps like the ones you peruse on your favorite news site.) Developed by unbiased sources such as a government agency or a university, they translate complex and voluminous amounts of data into visuals. They also provide a level of credibility to the infographics you create and support “the story” you’re telling in your infographic.

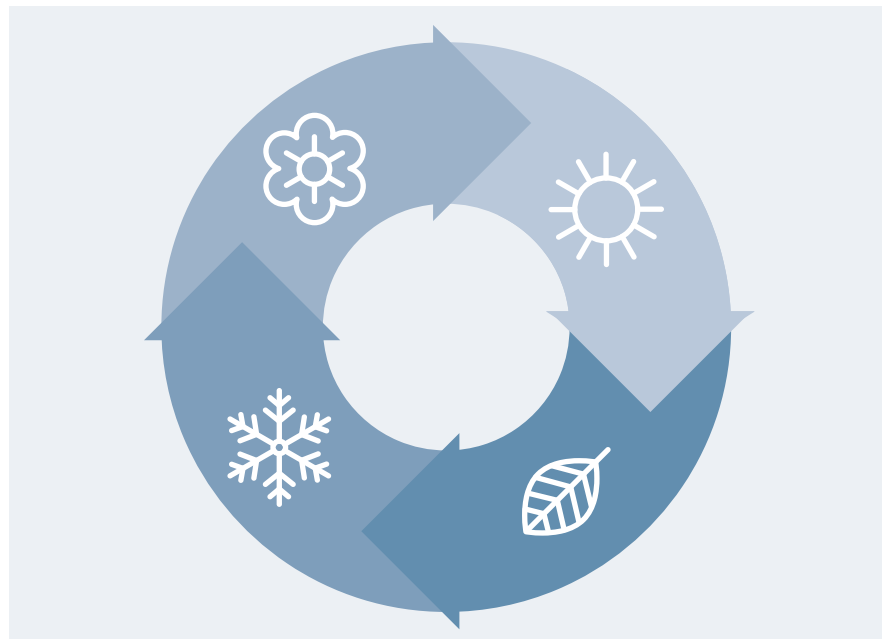
Contexts for Infographics Use

Infographics can be used in several contexts. One context is with employees and other in-house staff and stakeholders. This includes using infographics as part of:

- Staff presentations, such as slide visuals that summarize key points
- Employee processes, such as introducing a new staff protocol
- Product information or instructions, with illustrations

Another context is in marketing and sales information, with customers, potential customers, and the general public. These types of infographics can be used with:

- Your website, including your blog and articles
- Sales material and sales decks
- Informational brochures about your services
- Practice news to share via social media and with local journalists and media



An infographic is a visual representation of information. It tells a story, with text, graphics, illustrations, icons, and/or interactivity.

Keep in mind the value of visuals. Visual data rises to the top of the data pile, for journalists, customers, and the general public. And that translates to more attention for your practice.

Types of Infographics

There are three types of infographics. Static infographics showcase information that doesn’t change. That can include the posters you display in your practice from your local veterinary medicine supplier or a university. It can also include the infographics you create from your blogs to share on social media.

Motion graphics come under the heading “animation.” They bring a graph, information, or design elements to life using movement and sound effects, such as narration. Examples include an illustration of a dog with “hot spots” that light up or animate as the narrator talks.

Interactive infographics allow the viewer to interact with the information. An example would be an interactive pie chart that, when the user scrolls over different pieces of the pie, new information about that particular pie piece pops up.

How to Create an Infographic

The most effective infographics are strategically designed. They not only speak to the target audience in a language they understand, but they also tell a story with a predetermined conclusion. That story and its conclusion is supported by very specific data (and data visualizations) and graphic design, often emerging from the research.

The predetermined story you design has two potential outcomes. One outcome is to enable the viewers to derive meaning from the infographic, such as a new way to look at the

rise in pet ownership. Another outcome is to encourage the viewer to take action, such as to schedule an appointment.

Planning and executing an infographic are relatively easy once you understand the formula.

Step 1: Identify the context.

There are two general contexts for using infographics:

- In-house with stakeholder audiences such as clinic staff, vendors, and other clinics and industry organizations
- In marketing and sales, whose audiences include current and future clients, as well as the general public

Step 2: Identify your goal.

Infographics have different goals such as:

- To boost your brand in the marketplace via social media shares
- To enable your practice's news to get noticed by local journalists and media
- To soft-sell a product or service by providing data that points to its value
- To introduce processes and other "how to" information to staff

- To visually remind staff of key points in a new process or procedure

Goals are unique to the practice and can include more than those listed above. Identify this upfront and it will drive the execution of your infographic

Step 3: Identify the audience.

With each audience type, it's helpful to identify:

- The level of knowledge the audience has about your clinic and industry
- Their demographic profile, that is, age, income, and education level
- What their values, priorities, and lifestyles are
- Their desired "style," in fonts, language, and art or images

Step 4: Gather data that will support the goal.

If your infographic includes data and data visualizations, look to sources that are not only reliable but also unbiased and timely. Ideally, with research data, the more current it is, the more value it has.

Reliable sources include government agencies as well as universities, both of which produce research studies and related data visualizations.

Research-based associations are also a great resource, such as the American Veterinary Medical Association (AVMA) and AAHA.

Step 5: Outline the story.

The story, complete with key points supported by the data, if that is part of your infographic, leads the viewer to a predetermined conclusion. That conclusion is the goal you identified at the outset. Goals ask the viewer to make meaning out of what is presented and/or take action.

For instance, a staff development infographic may outline the stages of a performance review. The conclusion or goal is to manage employee expectations related to performance reviews.

A marketing infographic may have a goal of boosting pet food sales. Key points might include data-driven health outcomes of more nutritious food. The story would lead the viewer to act, that is, buy more nutritious food and/or schedule a visit to assess a pet's needs.

Step 6: Draft a rough concept.

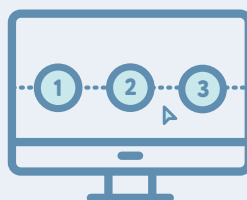
Draft the high-level template or outline by hand or digitally. Include ideas and direction for art, design, and interactivity (if that is envisioned). Also include information placeholders such as the number of steps in a process and key words for those steps.

Common types of infographic templates include:

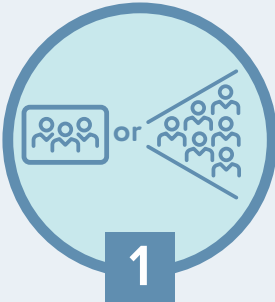
- Process infographic
- Comparison infographic
- Timeline infographic
- Informational infographic
- List infographic

Infographic Templates (free and paid)

- venngage.com
- canva.com/tools/infographic-maker-v1
- piktochart.com/formats/infographics
- adobe.com/express/create/infographic
- visme.co
- infogram.com



The Infographic Roadmap



Identify Context



Identify Goal



Identify Audience



Gather Data



Outline Story



Create Concept



Identify Interactivity



Execute Concept



Proof, Publish and Share

Sources: Infographics: The Power of Storytelling by Lankow, Ritchie and Crook; and "How to Create an Infographic and other Visual Projects in 5 Minutes," Piktochart.com.



Reap rewards



Data visualizations translate complex and voluminous amounts of data into visuals. |

Free and for-fee templates are available for common types of infographics. You can also create an original infographic design, but bear in mind that the cost may be prohibitive.

Additionally, depending on the type of information you're working with, it's helpful to prioritize the information and/or create a hierarchy to it. This enables you to identify what to stress/highlight with graphic elements.

Step 7: Identify the level of interactivity.

As noted above, infographics come in three levels of interactivity:

- Static
- Motion graphic
- Interactive

Should you decide to create an infographic that is interactive or has motion graphics, record directions for your designer on your rough draft.

Also, keep in mind that static infographics are the least time and budget intensive to create. Conversely, interactive infographics are the most time and budget intensive to create.

Step 8: Execute the concept.

At this stage, you're ready to bring your design to life. It's critical that you do so with a high level of design skill and writing. There is nothing that can damage your brand faster than unprofessional graphics and misspelled words.

Execution checklist:

- Does the infographic achieve the goal you intended?
- Do all the elements communicate information that supports the goal?
- Does the infographic speak in the target audience's language?
- Will your audience find the infographic interesting and of value?
- Do you guide the viewer through a predetermined story to a conclusion?
- Do you enable the viewer to make meaning and/or take action?
- Are data and data visualization sources noted?
- Is the design quality and writing professional and attractive?
- Does your logo and contact information appear?

Step 9: Proof, publish, and share.

Double- and triple-check your work before you print and/or share it, ideally with a second set of eyes. Once it is final, produce it.

If sharing on social media or with the press, encourage its distribution. Tell viewers to feel free to share, download, and print your infographic. The more they do, the higher the chance that the infographic will meet its original goal. ✧

Sources for this article and related infographic include: Infographics: The Power of Storytelling by Lankow, Ritchie and Crook; "How to Create an Infographic and other Visual Projects in 5 Minutes," Piktochart.com; and The Wall Street Journal Guide to Information Graphics by Dona M. Wong.



M. Carolyn Miller thinks in pictures, and infographics are her language—for the board games she designs, the articles she writes, and the interactive treatments she creates. Cultureshape.com

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Doing Death Right

A Conversation with Lynn Hendrix, DVM, CHPV

Interview by Katie Berlin, DVM

The terms “hospice” and “palliative care” are often used interchangeably, but they’re not synonyms. In the words of Lynn Hendrix, DVM, CHPV: “One of the big differences between palliative medicine and animal hospice is that palliative medicine can be done anytime. You can have a dog seeing the oncologist and still have a palliative medicine person on your side. We’re there to support, to build that relationship, to take over as the curative medicine starts backing away.”

And those relationships aren’t just between veterinary teams and pet owners.

In a conversation for *Central Line: The AAHA Podcast*, Hendrix shares why a pet’s healthcare team extends far beyond the people in the room during her house calls, what she hopes to give others in the profession in her new book, *Animal Hospice and Palliative Care for the House Call Veterinarian*, and some of what she’s learned about life from spending so

much time in such close quarters with death.

Lynn Hendrix: I started having an interest in end-of-life care in 1993 when my mom passed away, and that was my first experience with death in hospice. At the time I was a vet tech and I thought, “We’re not really doing death right for our patients.” Really it became about, how can we do this better? How can we bridge that gap between “Your pet has a terminal illness” and euthanasia?

We're not really doing death right for our patients.

—LYNN HENDRIX, DVM, CHPV

So often, I hear from students and from colleagues that they don't really feel prepared for those conversations coming out of vet school or even now in practice. I'm sure older vets are probably more practiced at it, because they have more life experience. But none of us really had education around end-of-life care... And they're still not doing a lot of conversations about what happens if the client says, "I don't really see what you're seeing," or "I don't really think that it's time for euthanasia, my dog's still eating," or "I don't really think they're in pain. How can you convince me otherwise?" And we all call that denial. But it's not really denial. It's just a different perception of what's going on.

I've found, as I built my business, that I don't really like a lot of the quality-of-life tools that we have, because they're general and basic. And the questions that we get around euthanasia are not general and basic, they're deep and emotional and meaningful. And there's not just one party involved. There are multiple parties involved.

Katie Berlin: In your own words, "We all practice end-of-life care." But what can veterinary teams in general learn from somebody who's been working in this area of veterinary medicine for so long?

LH: When I wrote about teams, I started with who's on the team:

veterinary technicians, mental health professionals, groomers, pet sitters, compounding pharmacies, regular pharmacies, online pharmacies... Spiritual leaders, religious folks. So really your team can be quite large... anybody who can help the individual family and their pet. A lot of [palliative care] is individualizing that. And crisis hotlines, pet loss support hotlines, and mental health professionals for those who need additional support in bereavement.

That's one of the things that we don't really talk about as far as palliative medicine, but there's bereavement after a loss, any loss. But often with [the loss of] animals, it's disenfranchised grief, meaning that we don't have a lot of support in our community. [People still say] things like, "Oh, it's just a dog, why are you still grieving? It's been three days."



And so really, it is building out that team. When I started, that's what I did. I just found people in my community that could help support my clients... so I didn't feel like I had to take on everything, which veterinarians tend to like to do.

KB: So... a team [doesn't just] mean you and your veterinary technician and your veterinary assistant and your CSR. It means everybody involved in taking care of that pet, so that could be all the family members that may not even live with that pet. That could be a groomer or a close friend who's advising or the pet sitter that comes in once a day and sees things the owner may not see... And I think that's a really big lesson for us, that the healthcare team of that pet is so much larger than the very insular world of our hospital.

How do you handle relationships with all of those team members when you don't get to talk to them directly?

LH: I do check-ins with clients, and that may be daily, weekly, maybe monthly, maybe bi-weekly. It just depends on the disease process and what their needs are, because they are directing this care to some extent. And... they will convey, "Hey, my groomer said my dog has an ear infection," right? They always find the ear infections for us.

...I can't stop my clients from seeing other people, but [it helps to have people] I could refer to. I had one pet sitting company that were fantastic. They would go in and they would call me immediately if there was something going on with the dog or cat.

KB: We [often] think, well, the groomer can't possibly know more than us and the pet sitter probably isn't saying what we would say. And we want the client to just listen to us. And A, that's never going to happen. We're never going to be the only voice in that client's ear. But B, we

really do discount, I think, what other people in other environments can see. And especially if that pet is in a different state of mind when they see that person or the client is in a different state of mind when they talk to that person, they might know something we don't.

LH: Well, the client knows their pet best because they live with them. Right? And so most of the people that I go and visit, I set them up with tools. Here's what you're looking for for this particular disease. What do you understand about the disease? Let's talk about that for a little bit. Here's when you need to call me.

I have a list that I developed of distress points. Every client in 11+ years has said to me, "I don't want them to suffer." Every single one of them. Nobody has raised their hand and said, "Can I please sign my animal up for the suffering plan and not the nonsuffering plan?" They all want them not to suffer. But if I just





I don't really like a lot of the quality-of-life tools that we have, because they're general and basic. And the questions that we get around euthanasia are not general and basic, they're deep and emotional and meaningful.

—LYNN HENDRIX, DVM, CHPV

walk away and say, well, call me when they are, which is one of the things I heard a lot—I don't really know what that means. I still see them eating. I still see them doing things. What does it mean?

...So I have a sheet that is just signs of distress. If your animal is in distress, then we need to have a call. It may not be the end of that animal's life. Maybe we just need to adjust meds. Maybe they just had a flare up of pain or whatever, but I want you to call me, so we can have that conversation. Now that I have a team, we still utilize that, because I want them to call in and say, "Hey, I'm seeing this thing." Now I've turned it into a checklist.

KB: As a palliative medicine provider, you are very used to giving support to pet owners and to the pets and

to all the people around them. Do you see parallels between how you provide that support to these people and these pets and how we could support our veterinary teams in general practice?

LH: Yes, absolutely. We don't always see that in general practice. In fact, oftentimes we see the opposite; we're overwhelmed, and they're overwhelmed, and we don't know how to build that support. I see palliative medicine as not only about supporting people and the pet, but about comforting them and connecting with them. It's not just about the support, it's about the connection that we build. And that's a connection that we can't do in 10 minutes.

KB: And we can't do in a five-minute pizza break in the break room on a busy day, right?

LH: Right. In palliative medicine, we're emotionally, psychologically, physically, and spiritually supporting these people. And we don't [each] have to do all of that; we can build a team. You come at it from who you are, and where you're at in the moment, and you build from there. And you meet people where they are, [and you're] also meeting them for who they are in the moment. And I think that if we can do that for our team members, that is going to build a team better and stronger than maybe we currently have.

I think in veterinary medicine, we have some unique stressors. We have a system that tends to set us up for being overwhelmed and for failure. And we sometimes develop an adversarial relationship with clients and with team members. You don't have to be 24/7 in order to be a hospice or a palliative practitioner. You know who does that in human medicine? Teams, teams of humans.

One of the things that I advocate for with the profession is to set boundaries to take care of yourself. But if I don't give people practical skills on how to do that, then it's just lip service, right? We can say it all we want to. What we really need to do is work on that shift of thinking, in our own selves. I was dropping [my daughter] off to go to an appointment at a friend's house. And she said, "Why don't you want to spend any time with me?"

I might tear up now just thinking about it, because that was not my goal at all. My goal was to be there for her. So I started scheduling myself time to be just me. I put it on my schedule.



And then I had to get there in my own head, because people will call and say, “I want you there 24/7.” And I got the words “My next available appointment is...” down. Because it didn’t matter if I was sitting in my bed eating bonbons watching a movie. It didn’t matter if I was hanging out with my daughter at a school play. It didn’t matter what I was scheduled for. I was scheduled. And I had to get there in my own head. And that’s the key really for each individual is that we have to develop whatever tool works for us. But that’s one of the things that I did for me, just develop those tools so that I stopped scheduling myself during times that were important to me, because that takes away from who you are. It starts pulling pieces of your heart out.

...One of the things that I have learned being around death is about life. Nobody goes to their deathbed saying, “Gosh darn, I wish I made more money.” “Gosh darn, I wish I had spent more time at work.” “Gosh darn, I wish I’d saved that one last dog,” or cat, or horse or spider, whatever species they’re seeing. They say, “I wish I spent more time with friends and family.” That’s their big regret. “I wish I had more time to travel.” Big regret. “I wish I had spent more time not working.”

So if I want to live my life in the moment and I want to live my life

for my family, I need to do things to create that and spend time with my family. It’s not an easy journey. And it’s a constant journey. It’s constant shift in thinking and how we can do better. You can’t get there if you’re being overwhelmed all the time. And that’s what I see now. The drive for corporations and money, the drive for trying to help every single pet who comes your way, the drive to do better. Those are all built-in things that we strive for, but those are not things that will go to our deathbed wishing we’d done.

KB: I totally agree with you. That’s the essence of why we’re talking today. And I really think there’s a message in there that our profession really needs to hear over and over again, because that’s my personal philosophy too. I lost my mom very early. She was just a little older than I am now. And I think my whole adult life I’ve thought about that—what would it be like if she had known that that was all the time she got. We have to think first about ourselves and our families and what we really want to be saying at the end of that, wherever it might come. And I don’t think that’s morbid—I think it’s hopeful and beautiful, because it means you’re not going to waste time doing things that aren’t right for you that could be hurting you in the long run.

LH: Right. We have to have money in order to survive. We have to meet basic care needs. If you meet those, then you can start working on other things. ✨



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Lynn Hendrix, DVM, CHPV, is a certified hospice and palliative veterinarian, author of the new book *Animal Hospice and Palliative Care for the House Call Veterinarian*, former board member of the International Association for Animal Hospice and Palliative Care (IAAHPC) and co-author of the first IAAHPC guidelines, VIN consultant, founder/owner of Beloved Pet Mobile Vet, and founder of the Veterinarian Palliative Medicine group on Facebook.



Katie Berlin, DVM, CVA, is AAHA’s Director of Content Strategy.

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Left name: _____ First name: _____
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Ideal weight: _____

Behavior/Attitude
 Alert
 Lethargic
 Shy
 Agitated
 Other: _____

Coat and Skin
 Appear normal
 Dull, scaly, dry
 Oily
 Thinning
 Masses
 Itchy
 Inflammation/irritated
 Fleas
 Other: _____

Eyes Left Right Both
 Appear normal
 Discharge
 Low tear production
 Ulcer
 Inflammation/conjunctivitis
 Other: _____

Ears Left Right Both
 Appear normal
 Inflammation
 Itchy
 Other: _____

Mouth and Teeth
 Appear normal
 Gingivitis/inflamed gums
 Tender, swollen
 Broken teeth
 Loose teeth
 Missing
 Ulcers
 Overbite
 Underbite
 Badly teeth still present
 Other: _____

Respiratory System
 Appear normal
 Coughing
 Congestion
 Sneezing
 Difficulty
 Nasal discharge
 Other: _____

Circulatory System
 Appear normal
 Murmur
 Abnormal pulses
 Other: _____

Lymph Nodes
 Appear normal
 Enlarged (note location): _____
 Other: _____

Gastrointestinal System
 Appear normal
 Enlarged organs
 Vomiting
 Diarrhea
 Tense/painful abdomen
 Intestinal parasites
 Other: _____

Urinary/Genital Systems
 Appear normal
 Abnormal urination
 Abnormal genitalia
 Other: _____

Central Nervous System
 Appear normal
 Signs of ataxia
 Abnormal gait/posture
 Loss of muscle mass
 Other: _____

Musculoskeletal
 Appear normal
 Painful
 Limping
 Weakness
 Other: _____

Today We Did:
 Exam
 Anal gland expression
 Microfilariae
 Heartworm test
 Fecal parasite test
 Bloodwork
 Urinalysis
 Tickborne disease test
 Other: _____

Recommendations

Schedule next exam: _____

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Payton Henderson

Technician

Desert Veterinary Clinic, Yuma, Arizona

Year started in vet medicine: **2012**

Years with practice: **10**

Nominated by: **Cheryl Haugo, DVM, owner**



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How Does He Go Above and Beyond?

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In His Own Words

Why do you love your job: I love that every day is different.

Pets at home: Two cats and a Great Dane.

What brought you to the profession: I love helping creatures that can't help themselves.

Hobbies outside of work: I love cooking foods from around the world.

Favorite book/TV show: "A Song of Ice and Fire" series from George R. R. Martin.

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