ADVANCING WHOLE PATIENT CARE:
Sustaining the Bond
NURTURE THE BOND:
Managing Patient Comfort in Chronic GI and CKD Cases

Chronic diseases of the gastrointestinal (GI) and renal systems, such as parvovirus, pancreatitis, and chronic kidney disease (CKD), may mean periods of physiologic organ damage as well as discomfort in the form of nausea, vomiting, and pain for the patient. Left untreated, these disease effects diminish the quality of life for the patient and subsequently affect the human-animal bond between patient and pet owner. A long-term plan is essential for managing the effects of disease while keeping your patients comfortable and minimizing owner distress.

Pearls for Providing Supportive Therapy:

• Fluid replacement, pain management, and antiemetic therapy are three key strategies for the appropriate management of vomiting associated with chronic GI and kidney disease.

• Pain scores are imperative to helping manage patient comfort, especially abdominal pain, which is often underdiagnosed and underappreciated in GI cases.

• The appropriate management of vomiting, nausea, and nutritional recovery supports patient comfort while improving prognosis, increasing quality of life, and helping sustain the human–animal bond.

• Metoclopramide and antihistamine are less effective in cats compared to dogs because of the differences in the pathophysiology of vomiting between the species.

• Early intervention with intravenous fluids, antiemetics, and nutritional support in parvoviral enteritis cases significantly improves prognosis for survival.

• GI motility is a primary concern in management of all cases, especially during workup of suspect foreign bodies. It is therefore ideal to use an antiemetic proven to not interfere with gastric motility regardless of confirmed or suspected etiology, such as maropitant citrate.¹

• For patients undergoing anesthetic procedures such as endoscopy or abdominal exploratories, the use of maropitant citrate can reduce incidence of vomiting, improving patient comfort while also supporting return to normal feeding.²

“Successful management of vomiting helps in the early return to nutrition. It has been shown that early nutrition significantly decreases hospitalization time, speeds recovery times, and helps preserve the human–animal bond.”

—Dr. Twedt

“Daily use of oral maropitant citrate until resolution of vomiting should be considered in chronic vomiting cases.”

—Dr. Tams

References:


Cancer is the most common natural cause of death in dogs older than 1 year of age, with an incidence greater than 3 times that of traumatic injury. To provide the best experience to the oncology patient, owner, and both referring and specialty practices, a multifactorial process and unified team are needed. This approach must consider the patient’s quality of life (including the appropriate medical management of disease), the pet owner’s preferences, emotional attachment to the animal, the owner’s ability to care for the patient, and the owner’s financial resources. Ultimately, achieving successful outcomes for the patient and satisfaction of the owner will also help to support the lifelong bond between patient and caretaker.

Maintaining the Bond Throughout Cancer Care:

• No gold standard for assessing pain in dogs and cats currently exists. Practices should utilize pain-scoring tools for acute and chronic pain in both species, recognizing that the scales are not interchangeable.
• Effective pain management involves a balanced multimodal strategy using several classes of pain-modifying medications, which facilitates targeting multiple sites in pain pathways. This approach will potentially allow lower doses of each drug to be used and potential side effects to be minimized.
• Use of maropitant citrate for 5 days following doxorubicin administration significantly decreased the amount and intensity of vomiting in dogs. A recent abstract demonstrated safe use of maropitant citrate when administered once daily for 28 days in lymphoma patients undergoing standard CHOP protocol.
• Maropitant citrate is approved for both subcutaneous and intravenous administration in both cats and dogs and is further indicated for the prevention of vomiting in dogs receiving chemotherapeutic agents.
• Antibiotics should be used judiciously in diarrheic patients and for less than 7 days if feasible, while probiotics provide an alternative management strategy for managing chemotherapy–associated diarrhea.
• Appetite stimulants should be reserved to increase food consumption in hyporexic patients once vomiting and other aspects of disease are stable.
• The integration of evidence-based complementary therapies such as acupuncture for pain and nutritional supplements with conventional therapy can help optimize the cancer patient’s quality of life and longevity.

“Although the primary goal of cancer therapy in pets is treatment of the disease, quality of life is of equal importance. Cancer and its treatment can lead to patient discomfort and disruption of the human–animal bond; pain, emesis, diarrhea, and inappetence can all occur. While the veterinary oncologist may direct the cancer treatment, the primary care veterinarian plays a critical role in managing patient comfort and the pet owner’s peace of mind.”

–Dr. Marks

References:
2. Rau SE, Barker LG, Burgess KE. Efficacy of maropitant in the prevention of delayed vomiting associated with administration of doxorubicin to dogs. JVIM 2010;24:1452-1457.
Nausea/vomiting and fear- or anxiety-based behavior can fracture the human–animal bond. These forms of suffering often go untreated because they occur outside the clinic environment, and pet owners may not recognize or may fail to mention their occurrence to the veterinarian. Relieving stress and anxiety in our canine companions is essential for the well-being of both dogs and owners.

**Patient Well-Being in Everyday Practice:**

- Motion sickness can be an anxiety-inducing experience for pets and their owners; more than 11 million dogs suffer from motion sickness.1,2
- 21% of dog owners report one or more signs of motion sickness; however, only 6% of dog owners who observe the signs actually report them to their veterinarian.3
- Most pet owners cannot identify the signs, such as drooling, dry heaving, excessive lip licking and panting, pacing, vomiting, and whining, of motion sickness in their own pet. This is why it is important for veterinarians to initiate a discussion about motion sickness and review the signs with pet owners.
- Maropitant citrate is the only veterinary FDA-approved medication for motion sickness in dogs. It is easy to dose and does not cause drowsiness.
- 93% of dogs given maropitant citrate before a car ride did not vomit vs. 48% of dogs given a placebo.4
- “Car-proofing” a pet through the use of behavioral modification techniques and medications can make trips to the clinic or around town more pleasurable.

**94% of dogs with motion sickness and 40% of dogs with noise aversion receive no treatment.**3,5

- Noise aversion affects at least one-third of all dogs in the United States.6 Sadly, most pet owners don’t recognize that the signs of noise aversion are manifestations of fear and anxiety.
- Numerous options—from safe rooms to safe medications—are available to help treat noise aversion.
- Questionnaires, staff involvement, and referrals to behaviorists can help maintain or even increase the joy of pet ownership and decrease relinquishment to shelters.
- Including behavioral history and counseling in daily practice doesn’t have to be time-onerous. Taking a few minutes to answer a questionnaire can help avoid future problems and increase patient and client satisfaction.

“The motion sickness can be a major deterrent in obtaining veterinary care for pets, which is why bringing up the topic with pet owners is crucial.”

“Dogs don’t outgrow noise aversions. Other behavioral issues can build on it, eventually weakening or even destroying the human–animal bond. That’s why it’s important to treat noise aversions early.” –Dr. Cruz

You can download the Canine Behavioral Assessment and Research Questionnaire (C-BARQ), available at vetapps.vet.upenn.edu/cbarq, for free from the University of Pennsylvania’s Center for the Interaction of Animals and Society. Extensively tested for reliability and validity, the C-BARQ covers many situations and stimuli.

References:

3. Data on file, Cerenia Motion Sickness Incidence by Symptom, 2012 Zoetis Inc.
6. Based on an online survey conducted by Harris Poll on behalf of Zoetis in November 2013 among 784 dog owners.

Disclaimer: All information and case studies are taken from the associated NAVC and WVC lecture(s).

Please see IMPORTANT SAFETY INFORMATION and full Prescribing Information on back.
IMPORTANT SAFETY INFORMATION: Use CERENIA Injectable for vomiting in cats 4 months and older; use subcutaneously for acute vomiting in dogs 2 to 4 months of age or either subcutaneously or intravenously in dogs 4 months of age and older. Use CERENIA Tablets for acute vomiting in dogs 2 months and older, and for prevention of vomiting due to motion sickness in dogs 4 months and older. Safe use has not been evaluated in cats and dogs with gastrointestinal obstruction, or those that have ingested toxins. Use with caution in cats and dogs with hepatic dysfunction. Pain/vocalization upon injection is a common side effect. In people, topical exposure may elicit localized allergic skin reactions, and repeated or prolonged exposure may lead to skin sensitization. See full Prescribing Information, attached.