



State of Pain

Pain management is still an evolving field

by Carolyn C. Shadle, PhD, and John L. Meyer, PhD

MANY VETERINARIANS HAVE HAD AN EXPERIENCE SIMILAR to that of Apryl Steel, DVM, of Tender Touch Animal Hospital in Denver, Colo. She saw a cat with a severe tooth root abscess. The cat seemed to be acting “normal” to its owner, but after the tooth was extracted, the animal started to play and act “young” again. “Clearly,” she said, “this cat was in severe pain but instinctively hid its pain.”

Martin Randell, DVM, owner of Somers Animal Hospital in New York, cites films that evaluate how differently pets in pain act when they are in the presence of their owners or alone. Pain in cats is especially difficult to identify. How rewarding it is, however, when the pain is recognized and managed!

What is pain?

Traditionally, pain has been categorized as acute or chronic, based on duration. A more contemporary approach considers pain as adaptive or maladaptive. Adaptive pain is a normal response to tissue damage and includes inflammatory pain. Maladaptive pain is neuropathic and central pain. According to the AAHA/AAFP (American Association of Feline Practitioners) *Pain Management Guidelines for Dogs and Cats of 2007*:

An awareness that acute and chronic pain can convert from adaptive to maladaptive pain helps veterinarians understand why pain is so difficult to control in some patients. The pain-induced changes in the nervous system cause it to become more sensitive, rather than less sensitive. The longer pain is unmanaged, the more

likely the neurophysiologic processes involved will cause a switch from adaptive to maladaptive pain, which is more serious and difficult to control.

Guidelines Update

The AAHA/AAFP Pain Management Guidelines for Dogs and Cats is available to read online here: aaha.org/professional/resources/pain_management.aspx

The guidelines will be updated later this year. Check the pages of JAAHA and Trends magazine this spring for more details.

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Acute pain, related to an injury or surgery, is the most often recognized. On the other hand, chronic pain from arthritis, neurological problems, or cancer also needs attention. If the pet has done something, such as excessive exercise, the pain may be worse, but the owner can miss the signs, and the pet suffers.

Pain management has come a long way

Health care professionals are increasingly recognizing and managing pain. It was at the Massachusetts General Hospital, in what is now known as the Ether Dome, that in 1846 the anesthetic ether had its first successful public demonstration in human surgery. It was quite controversial at the time because it was believed then that, in keeping with Christian teachings, suffering was meant to be. However, with the advance of anesthetics, suffering was no longer necessary.

Veterinary pain management, like that in human medicine, has come a long way since then. Having graduated from veterinary college in 1958, Charles Short, DVM, experienced the days when pain was not controlled. Gradually, in the late '60s, a few veterinarians were trained at medical colleges, and in

1975 Short joined with colleagues to found what has become the American College of Veterinary Anesthesia and Analgesia.

In 2002 Short, along with Robin Downing, DVM, owner of the Downing Center for Animal Pain Management in Windsor, Colo., and Peter Hellyer, DVM, established the International Veterinary Association of Pain Management, modeled after the American Academy of Pain Management.

In addition to the development of these associations, the change in the pain management field has led to specialized practices, such as that of Michael Tomasic, DVM, who in 2001 established in Santa Fe, N.M., the first veterinary referral practice for pain management in the nation. It is known as Veterinary Pain Solutions.

Downing was part of the team that developed the first AAHA/AAFP Pain Management Guidelines for Dogs and Cats in 2007 and remembers that in 1986, when she started practicing, she and her colleagues were taught that postoperative pain wasn't a bad thing because it prevented the animals from "moving around and hurting themselves." But it wasn't until 1997 that she had access to the first nonsteroidal anti-inflammatory drug (NSAID) for dogs—Rimadyl. This drug, she said, "was a game changer for veterinary medicine and for dogs in pain."

Even now, Brent Pattberg, DVM, of AAHA-accredited County Seat Animal Hospital in Mississippi, says, "Pain, in my opinion, is nature's way of keeping us still. Since we cannot tell a pet to be still, a little pain can be quite advantageous. For example, I have seen dogs that were spayed given pain meds that made the dog feel 'too good.' Consequently, the dogs were too active and caused damage to incisions." However, he went on to say, "I am balanced.... I don't want them suffering. When I spayed my little beagle, who my wife loves, the little beagle acted so pitiful that I did give her some relief.... I often find myself offering pain control for the owner's sake, rather than the pets."

Current thinking about pain

Contrary to Pattberg's view, pain management has come to be accepted as the most compassionate kind of care. It is also now accepted as the highest quality of care from a medical standpoint.

Pain has been clearly demonstrated to result, first of all, in stress, which worsens and lengthens illness; secondly, in heightened sensitivity to pain in later years if it's not controlled early in life; and, finally, in diminished cognitive skills, including memory, if chronic pain is left uncontrolled.

Pain management addresses these matters. It helps to calm the pet and reduce anxiety, and it allows for quicker recovery from surgery or injury.

The role of animals in relation to humans has also changed over the last several decades. While the view of animals was formerly primarily utilitarian, now pets are seen as members of the family. A Harris Poll in 2011 found that three in five Americans have a pet and 91 percent consider the pet to be a member of the family. Pets are moving from the backyard to the bedroom and from the kennel to the couch. At the same time, pet owners are much more sensitive about preventing and relieving pain in their animals.

Benefits of pain management

Comfort to patients

Veterinarians who have embraced pain management enjoy telling stories of the comfort brought to their patients. Heidi Lobprise, DVM, is a veterinary dental specialist with the AAHA-accredited Main Street Veterinary Hospital in Flower Mound, Texas.

She notes that clients can often relate their own experiences with dental pain, and therefore, they will accept the need for pain management when it comes to veterinary dental procedures. She tells of a recent case of a 10-year-old poodle with an oral tumor that was removed by a mandibulectomy and says, "With a pretty extensive pain management protocol, not only did the patient do very well after surgery... but the owner noticed that her pet was getting around better. The medications also helped the pet's mild osteoarthritis that had been ignored to that point."

You'll hear similar accolades in almost all veterinary hospitals. Pamela Kopel-Radabaugh, CVT, a technician at Best Friends Veterinary Center in Grafton, Wis., said, "When we call the client after starting their pet on pain medication, we often hear 'He's like a puppy again!'"

Satisfaction for staff

Steel, of Tender Touch Animal Hospital, has observed a benefit of good pain management in staff. She says, "My hospital became a much calmer place to work when pain management improved. There are no vocalizations from painful dogs anymore—and nothing wears on one's heart more than hearing a dog in pain."

Staff also experience increased job satisfaction when they are involved in learning how to perform a pain palpation to screen the pets before the veterinarian goes to do the examination. This enhances their role in the care of the patients.

Benefits to clients

Pain management has typically deepened relationships with clients. Surely, the majority of pet owners really do not want their pets to suffer. Once they understand the pain involved, they want to do the right thing to bring about comfort and mobility for their pets. They are grateful for the care and concern of their veterinarian.

Scoring pain

Pain management often begins with the use of a pain scale as a scoring device to relate the level of pain to something most clients have experienced. It triggers memories of how uncomfortable the pain was. The pain scales are also useful in comparing the level of pain before, during, and following treatment.

Best Friends Veterinary Center provides a visual analogue pain scale for its clients, along with tips for recognizing pain behaviors—related to posture, temperament, vocalization, or locomotion—in canines or felines. Colorado State University Veterinary Medical Center posts both a canine chronic pain scale and a feline acute pain scale on the web, which assess psychological and behavioral symptoms and responses to palpation and body tension.

After talking to various practices, it becomes clear that there is no "one right way" to assess pain. What is achievable, however, is for a practice to create continuity in pain assessment within the practice. This means teaching the staff what a pain score of 8/10 looks like in that practice.

Managing the pain

Determining the optimal analgesic or anesthetic for each patient includes choosing among the following:

- preoperative medications
- local and regional blocks
- Constant rate infusions (CRIs) used in the perioperative period
- intraoperative medication in an IV drip (opioids, ketamine, and sometimes lidocaine)
- postoperative care pain medication—both opioids and NSAIDs

The awareness of pain management and the changes in the role of the pet in the family have coincidentally come at a time when large pharmaceutical companies have expanded the options available. New drugs are constantly being developed, as are formats that are more convenient for pet owners. For example, since some owners are afraid to get into the pet's mouth or find it uncomfortable, one company has developed a topical ear gel.

Veterinarians now offer nutraceuticals, NSAIDs, opioids, and other kinds of drugs, which are tailored for individual patients. Many practices recommend a comprehensive protocol that assumes a multimodal approach, including alternative nondrug controllers, such as low-level therapeutic laser therapy, gentle manual therapy, acupuncture, acupressure, or ice pads.

One of the technicians at Best Friends Veterinary Center expressed pleasure that one of their alternative therapies was so well-received. She said, "Henry came to us for back pain and rear-leg-use issues. His owners were having a hard time giving him his pain meds, so we tried the therapy laser. It was a big help. Now his owners are laser believers."

The Integrative Medicine Service at the Veterinary Teaching Hospital at Colorado State University draws from a variety of natural healing approaches, including nutritional supplements like glucosamine and fish oil. They recommend melding the best of both drug and nondrug approaches.

Julie Brehner, DVM, owner of La Jolla Veterinary Hospital, likes to see clients try the nondrug approaches, but, she says, pills are quicker, so those that can afford it usually go that route.

Chronic pain is often addressed by basic lifestyle changes, such as controlled exercise and weight management to



Even environmental changes can reduce pain—changes such as easy access to the litter box, soft bedding, nonslip floor surfaces, and raised food and water dishes.

decrease joint stress and improve muscular support of the joints. Even environmental changes can reduce pain—changes such as easy access to the litter box, soft bedding, nonslip floor surfaces, and raised food and water dishes.

How do veterinarians keep up?

Just as options have increased for pain management, so have options for staying abreast of the field. Many classes are available through web conferences and continuing education sessions at regional and national conferences.

One session provider is Mary Berg, VTS (Dentistry). She provides pain management education through Beyond the Crown Veterinary Education in Lawrence, Kan. Berg points out that it is not only the proliferation of pharmaceuticals that requires continuing education but also keeping up with the growing understanding of pain pathways, learning where to block, and general refreshing.

Sometimes training involves cadavers. Linda Lobb, DVM, at The Cat Doctor in Boise, Idaho, praised the training she got on where to place blocks through the use of cadavers.



Cats in severe postoperative pain may become aggressive, vocalizing and frantically tearing at their bandages. However, some cats lie very still or may even purr when they are distressed or in pain.

Learning to palpate, assess, and measure pain has become a huge part of pain management education. Mark E. Epstein, DVM, of Carolinas Animal Pain Management in Gastonia, N.C., trains veterinarians in how to be astute in picking up signs of pain in cats in particular. It's often difficult because pain is such a multidimensional experience, encompassing both physical and emotional components. He alerts his learners, for example, to the fact that cats in severe postoperative pain may become aggressive, vocalizing and frantically tearing at their bandages. However, some cats lie very still or may even purr when they are distressed or in pain. "There is much to learn," he says.

Administering pain medication in the appropriate doses, as well as at the appropriate time, is a point of continuing learning. Downing devotes a lot of time to teaching veterinarians how to do CRIs in their primary care. She says, "I get emails all the time from veterinarians who...report to me how dramatically better their pain management techniques are now that they understand how to use CRIs properly and effectively."

Another resource for training is Kim Spelts, CVT, VTS (Anesthesia), who works with the Peak Veterinary Anesthesia Services. This group both trains veterinary

professionals and makes it possible to incorporate anesthesia specialty services without the overhead of an additional staffer. Owners wary of anesthesia risks find peace of mind in knowing that their pet is in the hands of a well-trained expert.

Finally, a key resource for learning about and understanding pain is the *AAHA/AAFP Pain Management Guidelines for Dogs and Cats*. The guidelines were released in 2007 but will be updated later this year. Look for the guidelines in *JAAHA* and in *Trends magazine* in April and May.

Management requires communication

Helping pet owners recognize pain is one of the challenges faced by veterinarians. Anyone who has experienced chronic pain knows that it drains joy from your life, and it can do the same to a pet. Helping clients recall their own experiences with pain can be pivotal in persuading them to accept pain control for their pets.

Nan Boss, DVM, owner of AAHA-accredited Best Friends Veterinary Center is distressed by two common pet owner misconceptions: (1) "I would know if my pet was in pain" and (2) "He's not in pain; he's just stiff." She finds that educating clients about pain and getting compliance for treatment can be difficult if they have never had a pain problem themselves. To help her clients become more aware of the possible pain issues among senior pets, she has created a checklist. Owners are asked to note yes or no to questions such as the following: Difficulty climbing stairs? Difficulty jumping up? Increased stiffness or limping? She also provides rules of thumb for diagnosing pain, examples of which are listed below:

- Stiffness or lameness always means pain, regardless of whether the pet is still eating and behaving fairly normally.
- If the eye is red, it hurts. (If the eye is red or the pet is shaking its head or holding it cocked to the side, it hurts.)

"Time and motivation have been the biggest barriers standing in the way of pain control," according to Valarie Adams of the Healing Heart Foundation in Appleton, Wis. "It takes time—in the exam room or on the phone. One of the most important skills is listening—along with really being present when speaking with pet parents about what their lives are like living with a pet that needs pain management." She says, "Doctors don't always have

that time to listen and be present... but a veterinary nurse and a cohesive veterinary team could discuss different approaches that would benefit the patient.”

Debbie Boone, of 2Manage Vets Consulting, counsels: “We have to first elicit empathy from the client for the pet’s distress before we jump into ‘selling’ pain control.” When training her team members, she encourages the use of emotional descriptions—not “He is in a lot of pain,” but “He is in almost unbearable, excruciating misery!” “Which one moves you?” she asks. She willingly shares with her clients her experience as a cancer survivor and how important it is to keep ahead of pain to reduce stress and speed healing. Helping clients recall their own medical issues and the thought of going without pain management usually persuades clients to accept such control.

The cost of pain management

As pain management has become better understood—and an often-expected part of veterinary care—it is usually an easily accepted service, when presented correctly. Some members of the veterinary community, however, fear pushback on price and are reluctant to add it automatically to the cost of a procedure.

Things are changing. Most veterinarians say that increasing the cost of a procedure for pain management is minor compared to other costs. Boone makes a comparison with the history of preanesthetic blood work: “At first, few practices offered it, then many offered it as an option, [and] now most consider it mandatory.” Seeing themselves as advocates for their patients, most veterinarians now lead their clients to accept pain management.

Depending on the financial strength of the clients, many veterinarians are careful to point out alternatives based on cost. For example, acupuncture is usually not cheap. Some drugs require blood work, which adds to the cost. Morphine is cheap and effective and remains the narcotic against which other narcotics are compared in their potency. Likewise, carprofen (Rimdyl) is now available as a generic. Advocates of pain management declare that there is really no excuse for anyone to withhold acute perioperative pain relief. However, it’s important to inform the client that there is no “silver bullet” for pain relief. There are alternatives. The dialogue with the client is critical in order to ensure that reasonable pain management is affordable for the family budget.

The future of pain management

Adams has devoted much of her career to pain management and palliative care. As with others, she has seen wonderful changes over the past several decades, but she says, “I believe we’ve plateaued in this area... [and] gotten complacent about further learning.” She thinks that is very disappointing, given the great resources available, such as the International Veterinary Association of Pain Management (IVAPM).

Also disheartened is Bob Stein, DVM, certified veterinary pain practitioner, past president of the IVAPM. He sees a wide gap between the level of anesthesia and perioperative pain management practices in the less evolved facilities versus those facilities staffed by veterinarians and technicians who have made a personal commitment to provide a very high-quality pain management experience.

Of the former, he says, they still have a “they don’t feel pain like we do” mentality, and they don’t monitor patients in any meaningful way. There are “practices that do not provide any meaningful anxiolytic or analgesic

Resources

- IVAPM (*IVAPM.org*), International Veterinary Association of Pain Management, was developed in 2002 through the efforts of Charles E. Short, DVM, PhD, DACVAA, DECVA; Peter Hellyer, DVM; and Robin Downing, DVM, CVA, CCRP, DAAPM, and was modeled after the American Academy of Pain Management.
- ACVA, American College of Veterinary Anesthesia and Analgesia, was founded in 1975. It is recognized by the American Veterinary Medical Association. Currently, 220 members worldwide call themselves specialists in anesthesia and perioperative analgesia.
- VASG, Veterinary Anesthesia and Analgesia Support Group
- VTS, Veterinary Technician Specialists—Anesthesia
- Christine M. Egger, Lydia Love, and Tom Doherty (editors). *Pain Management in Veterinary Practice*. Wiley-Blackwell, 2013.

benefit for their patients, and there are practices that maintain no meaningful anesthetic records of any kind.”

He goes on to say, “There are practices that use only butorphanol, or nothing, for perioperative pain management—most stressful for patients.” More recently, he believes that “the better practices are moving forward without any corresponding movement on the low end of the spectrum, leading to a wider and wider gap.” Finally, he says, “The travesty is that the pet-owning public has no clue as to how wide this gap is; they think some state or national oversight exists that ensures a minimum standard of care.” As a result of his perspective, he is directing the Veterinary Anesthesia and Analgesia Support Group in creating a certification option for veterinarians and veterinary technicians in private practice.

The most important future development, according to Wendy Hauser, DVM, who is a member of the AAHA Board of Directors, will be that all veterinarians have regular training in their practices in order to stay abreast of new thinking and developments in pain management.

She urges all to use some pain scoring scale even at wellness visits and hopes that “100 percent of veterinarians become comfortable enough to have a conversation with their clients about pain management. The conversation is important.” Hauser concludes, “Veterinarians have taken an oath to be advocates for animals. That may lead to uncomfortable conversations, but you should want your clients to know that you represent the best interests of their pets.” ✧



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