

SEE YOUR PRACTICE THROUGH CAT'S EYES

Annette L. Litster BVSc, PhD, FANZCVSc (Feline Medicine), MMedSci (Clinical Epidemiology)
Zoetis Petcare

Cat ownership is high, but many cats do not receive regular veterinary care, despite being considered a family member by most cat owners. Major findings from a major national survey of cat owners (Volk et al., 2011), which investigated barriers to feline medicalization, included the following -

- 40% cats had not been to DVM in the last year (compared to 15% dogs)
- Cats aggressively resist being put in carriers
- Cats dislike transport to DVM's office
- Cats show signs of stress at the DVM's office

DON'T LET THE CARRIER BE A BARRIER

Firstly, encourage the cat owner to plan ahead by choosing the type of carrier that is most suitable for their cat – there are various kinds to choose from including top opening, break apart, and firm or soft. The carrier should be left in a place that the cat will be attracted to at home so he/she becomes habituated to the carrier at home over a period of weeks. Attract the cat to the carrier with food and toys and make it comfortable with clothes from a favorite person. Feliway can be sprayed inside the carrier.

THE CAR TRIP ...

Habituation should be used using repeated short trips so that the cat becomes thoroughly familiar with car travel. Always use 1 cat per carrier to reduce aggression and make the carrier is secured with a seat belt to minimize carrier movement inside the car during travel. Whether to use a carrier cover or not is a matter of individual cat preference. Food should be withheld for a few hours before travel, to reduce the chances of travel sickness. Anti-anxiety and anti-emetic medications can be really important in reducing the stress of the trip and the consultation. It's a good idea to check in with the cat parent by phone before the appointment, to ask whether the cat showed signs of anxiety, nausea, or vomiting during recent car trips, and then be proactive by prescribing drugs **before** the journey, to make things more comfortable next time. These kinds of prescription decisions need to take the cat's medical condition into account and will not be one-size-fits all. You should try out a test dose at home first, especially with anti-anxiety medications, as there is usually a dose range, and different cats can have different requirements. You're aiming for a comfortable, relaxed cat who is not unduly sedated.

THE WAITING ROOM

The ideal waiting room -

- Is not crowded
- Is quiet and tranquil
- Is a dog-free zone
- Has ledges or tables to rest carriers on
- Contains local information that cat owners need such as personally recommended boarding facilities and people who can care for cats in their homes
- Has enrichment items such as toys, scratching posts on display, most likely for sale
- Has attractively presented information on display to help the cat owner, such as information on carriers, litter box management, preventative health care, weight management, signs of illness etc.

THE IDEAL FELINE CONSULTATION

You should have received updated information in advance from your front office staff about what your feline patient likes and doesn't like (e.g. what are her favorite treats, method of approach etc.), and you might also have a written history to refer to, detailing how things went last time. During the visit, you should also focus on planning ahead by prioritizing procedures by importance and invasiveness (e.g. is temperature taking really necessary this time?). Use sedation and pain management techniques early rather than late, using a proactive approach. When you're introducing yourself to a feline patient, your approach should be calm and quiet, without eye contact, which some cats can interpret as a threat. Make use of the cat whisperers in your practice and consider having technicians who can focus on cats whenever possible. It is important to establish a trust relationship by using constant, gentle touch and soft talk. This really is a case of less is more – use just minimal touch, but keep it constant, so that the cat learns to trust you. You might also spray your hands with Feliway before the consultation. Try to see your consulting room with fresh eyes – is it a quiet and calm space, with soft lighting? If it is, this is

also the ideal room for blood pressure measurement, administering oral medication, and taking blood draws. Ideally, the room will only be used for cats, so that the cat's sensitive nose doesn't detect dog smells. Cleaning away all traces of previous cat occupancy is also very important, especially if there have been urine spills.

To summarize some of the most important points about feline consultations – (1) make sure one of your front office staff has phoned ahead to collect relevant information about your feline patient's likes and dislikes to set the consultation up for success. (2) Let the cat come to you voluntarily, and use gentle constant touch to help build trust. (3) Take whatever time is needed for the cat to feel comfortable, and to facilitate open communication and partnership with the cat parent. This might require an extended consultation time, especially when you're assessing a cat with complex medical needs, but many cat parents expect this kind of service at a referral hospital.

FELINE OSTEOARTHRITIS

Osteoarthritis (OA) is a common cause of pain and reduced quality of life in cats (Brown, 2017; Monteiro and Steagall, 2019). Forty percent of cats have clinical signs of OA pain and 90% of cats over 12 years old have radiographic evidence of degenerative joint disease (KG MarketSense. 2018; Hardie et al., 2002). OA is not limited to older cats: OA can be seen in cats as young as 6 months and 61% of cats over 6 years old have OA in at least one joint (Lascelles et al., 2010; Slingerland et al., 2011). Despite the prevalence of OA in cats, it remains under-recognized and underdiagnosed in veterinary medicine.² Diagnosis can be particularly challenging due to factors such as cats' tendency not to exhibit overt lameness, the common absence of a clear underlying cause of OA, and the variable correlation of radiographic changes with clinical signs of OA (Slingerland et al., 2011; Bennett et al., 2012; Lascelles et al., 2012).

PARTNERING WITH PET OWNERS TO DETECT FELINE PAIN

The pet owner plays a critical role in the recognition of behavioral and mobility changes in their cat that can be signs of OA pain. A cat's functional loss or difficulty in performing behaviors such as climbing, jumping, and chasing has been highly correlated with an OA diagnosis (Enomoto et al., 2020). While pet owners might be inclined to accept or even dismiss such behavior changes as part of normal aging or "slowing down," many are highly motivated to act when educated about OA in cats as a painful disease. In a global survey, 56% of U.S. cat owners were motivated to make a veterinary appointment after learning about the pain associated with OA as well as its prevalence in cats (KG MarketSense. 2018). Clinical resources, including a simple screening checklist, have been designed specifically to aid pet owners in identifying signs of OA pain in their cat. The Cat OA Pain Checklist (www.CatOAChecklist.com) consolidates three validated domains of cat OA pain – functional behavioral signs, indicators of emotional well-being, and health-related quality of life – into an easily-completed format for pet owners. Proactive screening enables early diagnosis and treatment, which can significantly improve the mobility and quality of life for many cats with OA.

REFERENCES

1. Bennett D, Zainal Ariffin SM, Johnston P. Osteoarthritis in the cat: 1. How common is it and how easy to recognize? *J Feline Med Surg.* 2012 Jan;14(1):65-75
2. Brown DC. What can we learn from osteoarthritis pain in companion animals? *Clin Exp Rheumatol.* 2017;35 Suppl 107(5):53-58.
3. Enomoto M, Lascelles BDX, Gruen ME. Development of a checklist for the detection of degenerative joint disease-associated pain in cats. *J Feline Med Surg.* 2020;22(12):1137-1147.
4. Hardie EM, Roe SC, Martin FR. Radiographic evidence of degenerative joint disease in geriatric cats: 100 cases (1994-1997). *J Am Vet Med Assoc.* 2002;220(5):628-632.
5. KG MarketSense. 2018 Global Veterinarian and Pet Owner Market Research.
6. Lascelles BD, Henry JB 3rd, Brown J, et al. Cross-sectional study of the prevalence of radiographic degenerative joint disease in domesticated cats. *Vet Surg.* 2010;39(5):535-544.
7. Lascelles BDX, Dong YH, Marcellin-Little DJ, et al. Relationship of orthopedic examination, goniometric measurements, and radiographic signs of degenerative joint disease in cats. *BMC Vet Research.* 2012;8(10):
<https://doi.org/10.1186/1746-6148-8-10>.
8. Monteiro BP, Steagall PV. Chronic pain in cats: recent advances in clinical assessment. *J Feline Med Surg.* 2019;21(7):601-614.
9. Reid J, Nolan AM, Scott EM. Measuring pain in dogs and cats using structured behavioural observation. *Vet J.* 2018;236:72-79.
10. Slingerland LI, Hazewinkel HAW, Meji BP, et al. Cross-sectional study of the prevalence and clinical features of osteoarthritis in 100 cats, *Vet J.* 2011;187(3):304-9.
11. Volk et al. *J Am Vet Med Assoc.* 2011 238:1275-1282.